

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000026862

**Entity Name:** THE ORION CENTER FOR PSYCHOTHERAPY, INC.

**Current Principal Place of Business:**

1925 NE 45TH STREET  
SUITE 129  
FT. LAUDERDALE, FL 33305

**Current Mailing Address:**

7551 NW 1ST ST  
PEMBROKE PINES, FL 33024

**FEI Number: 65-0905679**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KALLAS, GEORGE J  
7551 NW 1ST STREET  
PEMBROKE PINES, FL 33024 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PDCM  
Name KALLAS, GEORGE JAMES  
Address 7551 NW 1ST STREET  
City-State-Zip: PEMBROKE PINES FL 33024

Title VTS  
Name KALLAS, SHANNIE  
Address 7551 NW 1ST STREET  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: GEORGE JAMES KALLAS

PDCM

01/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date