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: ALICIA D HADIDA-HASSAN

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

City-State-Zip:

FEI Number: 65-0950422

Name and Address of Current Registered Agent:

1105 MIAMI BEACH, FL 33141 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

Officer/Director Detail : Title PSTD Title DIRECTOR HADIDA-HASSAN, ALICIA HADIDA HASSAN, JOSE SR. Name Name 6423 COLLINS AVENUE, 1105 6423 COLLINS AVE Address Address 1105 City-State-Zip: MIAMI BEACH FL 33141

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061247

Entity Name: ALICIA D. HADIDA-HASSAN, LCSW, P.A.

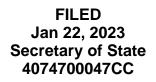
Current Principal Place of Business:

1666 KENNEDY CSWY 401 NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

P.O. BOX 402665 MIAMI BEACH, FL 33140

HADIDA-HASSAN, ALICIA 6423 COLLINS AVE



Certificate of Status Desired: No

MIAMI BEACH FL 33141

Date

01/22/2023 Date