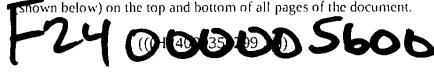
Fax. 8134365206

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION DENA CLINICAL GROUP, A PSYCHOLOGY CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Help

10/25/2024 07:23:56 PDT To: 18506176383 Page. 2/4 Fax: 8134365206

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

•	INICAL GROUP, A PSYCHOLOGY CORPORAT				
(Enter name of c	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATI	ON,"		-
(If name unavail	able in Florida, enter alternate corporate name as	donted for the nurnose of transac	ring business	in Florida)	-
CA	ante in Florida, circi atternate corporate name a	any see in the purpose of tribute	cong constitution	in Treatmy	
2.	y under the law of which it is incorporated)	(letel manhage of	'annleachta'		-
04/21/2017					
4.	of incorporation) 5.	(Date of duration, if oth	or then paras	mal)	-
(£ Zai C	of incorporation)	(isate of diffation, it out	er man perpe	itiar)	
6	(Date first transacted business in	rida :6-ada-ra assin-ada-			-
	(SEE SECTIONS 607.1501 & 607.150		bility)		
_ 7901 4th St N S	TE 300 St. Petersburg, FL 33702				
/		e street address)			-
	(Current mailing	address, if different)			
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
S1	Registered Agents Inc				
Name:					
Office Address:	7901 4th St N STE 300				
	St Petersburg	Florida 33702	, -		
	(City)	. Florida 33702 (Zip code)	() :	**3	
0 D			:	<u> </u>	
	ent's acceptance: ted as registered agent and to accept service	e of process for the above sta	ted corpora	tion at the	nlace
designated in this	application, I hereby accept the appointme	ent as registered agent and a	gree to act is	n this çapa	city: 4
	omply with the provisions of all statutes re- with and accept the obligations of my posi-		olete perforn	tancē of m	y duties,
unu 1 um jumma	wan und accept the omigations of my post	non us registeren ugent.	:	;	
7			;	'ম' '১	
کے	Talia Depents		<i>(</i> (4)	FΝ	
_	(Registered agent's sig	nature)			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

10/25/2024 C7:23:56 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

A. DIRECTORS Vincenzo Piccirillo Name: □ Chairman □Chairman Address: _____ ☐ Vice Chairman □ Vice Chairman Address: ___ 7901 4th St N STE 300 □ Director X Director St. Petersburg FL 33702 □ President ★President □Vice President □ Vice President ☐ Treasurer X)Treasurer ☐ Secretary ☐ Secretary □Other _____ □Other ______ □Other _____ Name: Elaine Griffin Name: □ Chairman □Chairman ☐ Vice Chairman Address: ☐Vice Chairman Address: ___ 7901 4th St N STE 300 Director XⁱDirector St. Petersburg FL 33702 □President □ President □Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Treasurer ∑ Secretary □ Other ____ □Other _____ □Other ______ □Other ____ □ Chairman Name: □ Chairman Address: L!Vice Chairman Address: □Director Director □ President □President □Vice President □Vice President ☐ Treasurer ☐ Secretary □ Treasurer □ Secretary □ Other □ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

VINCENZO PICCIRILLO- DPT

10/25/2024 C7:23:56 PDT To: 18506176383 Page: 4/4 Fax: 8134365206



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: PASADENA CLINICAL GROUP, A PSYCHOLOGY CORPORATION

Entity No.: 4017805 **Registration Date:** 04/21/2017

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 24, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 259809230

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.