

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010123

FILED
Feb 20, 2011
Secretary of State

Entity Name: MAGALIS AGUILERA PSY.D.; P.A.

Current Principal Place of Business:

9745 SW SUNSET DR, 72ND ST.
SUITE 218
MIAMI, FL 331734658 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 44-0965
MIAMI, FL 331440965 US

New Mailing Address:

P. O. BOX 44-0965
PSYCHOLOGICAL SVCS CHILDREN ADOLESCENTS AN
MIAMI, FL 331440965 US

FEI Number: 45-0463679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLAZO, EMILIO F
756 N.W. 134 PLACE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

AGUILERA, MAGALIS
9745 SW 72ND ST SUITE 218
PSYCHOLOGICAL SVCS CHILDREN ADOLESCENTS AN
MIAMI, FL 331734658 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: MAGALIS AGUILERA

02/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: AGUILERA, MAGALIS
Address: 9745 SUNSET DR 72TH ST SUITE 218
City-St-Zip: MIAMI, FL 331734658 UN

Title: DR
Name: AGUILERA, MAGALIS
Address: 9745 SW 72ND ST SUITE 218
City-St-Zip: MIAMI, FL 33173-465 UN

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Address: 9745 SW 72ND ST SUITE 218
City-St-Zip: MIAMI, FL 33173-465 UN

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: MAGALIS AGUILERA, PSY.D, P.A.

DR

02/20/2011

Electronic Signature of Signing Officer or Director

Date