## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 704949** 

Entity Name: FLORIDA PSYCHIATRIC SOCIETY, A DISTRICT BRANCH OF

THE AMERICAN PSYCHIATRIC ASSOCIATION, INC.

**FILED** Apr 28, 2022 **Secretary of State** 5340950393CC

### **Current Principal Place of Business:**

521 E. PARK AVENUE TALLAHASSEE, FL 32301

# **Current Mailing Address:**

521 E. PARK AVENUE TALLAHASSEE, FL 32301 US

FEI Number: 59-1735183 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ADAMS, KENDRA 521 E. PARK AVENUE TALLAHASSEE, FL 32301 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	PRESIDENT ELECT, P-E	Title	REGISTERED AGENT
Name	SURYADEVARA, UMA MD	Name	ADAMS, KENDRA
Address	521 E. PARK AVENUE	Address	521 EAST PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

Title **PRESIDENT** Title SECRETARY (S-D)

Name PUSKUR, SUSHIL MD Name SCHORR, CARYN MD Address 521 E. PARK AVENUE Address **521 EAST PARK AVENUE** City-State-Zip: TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 City-State-Zip:

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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KENDRA ADAMS

**EXECUTIVE DIRECTOR** 

04/28/2022