

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603071

**Entity Name:** MICHAS, VALENTINE, & GILL PSYCHIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

814-B SHADOW LANE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

814-B SHADOW LANE  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 59-1364817

**Certificate of Status Desired:** No

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

MICHAS GEORGE A  
814-B SHADOW LANE  
FORT WALTON BEACH, FL 32547 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 PDST  
Name MICHAS, GEORGE A  
Address 814-B SHADOW LANE  
City-State-Zip: FORT WALTON BEACH FL 32547

*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 MICHAS

**PRESIDENT**

**03/04/2021**

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

\_\_\_\_\_  
Date