

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J07700

Entity Name: AFFILIATED HEALTH PSYCHOLOGISTS, P.A.

Current Principal Place of Business:

1709 SECOND STREET SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1709 SECOND STREET SOUTH
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-2651126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLD, KATHLEEN H
ONE INDEPENDENT DR.
STE. 2301
JACKSONVILLE, FL 32202 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	PD	Title	VD
Name	KRIMSKY, EILEEN	Name	MORELAND, JOHN
Address	1709 SECOND STREET WOUTH	Address	1709 SECOND STREET WOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

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: EILEEN KRIMSKY

PD

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date