

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J80574

**Entity Name:** SARA L. STERLING PSY. D., P.A.

**Current Principal Place of Business:**

14502 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33618

**Current Mailing Address:**

14502 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33618 US

**FEI Number:** 59-2819626

**Certificate of Status Desired:** No

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

STERLING, SARA PSY. D., P.A.  
14502 N. DALE MABRY HWY  
STE. 200  
TAMPA, FL 33618 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  
Name STERLING, SARA L.  
Address 14502 N. DALE MABRY HWY  
City-State-Zip: TAMPA FL 33618

*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:** SARA STERLING PSY.D

**PRESIDENT**

**03/23/2016**

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

\_\_\_\_\_  
Date