

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J98330

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC1652332660**

**Entity Name:** ORLANDO PSYCH GROUP, P.A.

**Current Principal Place of Business:**

7300 SANDLAKE COMMONS BLVD, #315  
ORLANDO, FL 32819

**Current Mailing Address:**

7300 SANDLAKE COMMONS BLVD, #315  
ORLANDO, FL 32819 US

**FEI Number:** 59-2851669

**Certificate of Status Desired:** No

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

SAAVEDRA, LILLIAN T., M.D.  
7300 SANDLAKE COMMONS BLVD, #315  
ORLANDO, FL 32819 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 PST  
Name SAAVEDRA, LILLIAN T. M.D  
Address 7300 SANDLAKE COMMONS BLVD,  
#315  
City-State-Zip: ORLANDO FL 32819

Title D  
Name SAAVEDRA, LILLIAN T. M.D  
Address 7300 SANDLAKE COMMONS BLVD,  
#315  
City-State-Zip: ORLANDO FL 32819

*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:** LILLIAN SAAVEDRA

**OWNER**

**04/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date