

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L04967

**Entity Name:** CONSULTANTS IN PSYCHIATRY, M.D., P.A.

**Current Principal Place of Business:**

% NEIL E. PAUKER  
6801 PORTO FINO CIRCLE #1  
FT MYERS, FL 33912

**Current Mailing Address:**

% NEIL E. PAUKER  
6801 PORTO FINO CIRCLE #1  
FT MYERS, FL 33912

**FEI Number:** 65-0136261

**Certificate of Status Desired:** No

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

PAUKER, NEIL E., M.D  
6801 PORTO FINO CIRCLE  
SUITE #1  
FT MYERS, FL 33912 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           PTD  
Name           PAUKER, NEIL E., MD  
Address       6801 PORTO FINO CIRCLE #1  
City-State-Zip: FT MYERS FL 33912

*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:** NEIL PAUKER

**PRESIDENT**

**04/14/2025**

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

\_\_\_\_\_  
Date