

2016 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: JOHN KRINEK

OFFICE MANGER

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date