

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000029127

**Entity Name:** GISELLE FAUBEL, PSY., D., P.A.

**Current Principal Place of Business:**

DR. GISELLE FAUBEL  
18130 SW 50TH CT.  
SOUTHWEST RANCHES, FL 33331

**Current Mailing Address:**

DR. GISELLE FAUBEL  
18130 SW 50TH CT.  
SOUTHWEST RANCHES, FL 33331

**FEI Number:** 65-1001211

**Certificate of Status Desired:** No

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

FAUBEL, GISELLE  
18130 SW 50TH CT.  
SOUTHWEST RANCHES, FL 33331 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 DP  
Name FAUBEL, GISELLE  
Address 18130 SW 50TH CT.  
City-State-Zip: SOUTHWEST RANCHES FL 33331

*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:** GISELLE FAUBEL

**DIRECTOR/PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date