2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2016
Secretary of State
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Entity Name: PSYCHOTHERAPY ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

337 NW TUSCANY WAY
PORT ST LUCIE, FL 34986

Current Mailing Address:

337 NW TUSCANY WAY
PORT ST LUCIE, FL 34986 US

FEI Number: 65-1105825

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KADIN, CHRISTINE
2637 E ATLANTIC BLVD
PMB 29424
POMPANO BEACH, FL 33062-4939 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	Title	S
Name	KADIN, CHRISTINE	Name	KADIN, CHRISTINE
Address	337 NW TUSCANY WAY	Address	337 NW TUSCANY WAY
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986

Title	AUTHORIZED SIGNER
Name	KADIN, FRED MARTIN
Address	337 NW TUSCANY WAY
City-State-Zip:	PORT ST LUCIE FL 34986

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: CHRISTINE KADIN PRESIDENT, DIRECTOR 04/08/2016

Electronic Signature of Signing Officer/Director Detail — Date