

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2014
Secretary of State
CC5691020949

Entity Name: MAGALIS AGUILERA PSY.D.; P.A.

Current Principal Place of Business:

9745 SW SUNSET DR,72ND ST.
SUITE 218
MIAMI, FL 33173-4658

Current Mailing Address:

P. O. BOX 44-0965
PSYCHOLOGICAL SVCS CHILDREN ADOLESCENTS AN
MIAMI, FL 33144-0965 US

FEI Number: 45-0463679

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AGUILERA, MAGALIS
9745 SW 72ND ST SUITE 218
PSYCHOLOGICAL SVCS CHILDREN ADOLESCENTS AN
MIAMI, FL 33173-4658 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 DR.
Name AGUILERA, MAGALIS
Address 9745 SUNSET DR 72TH ST SUITE 218
City-State-Zip: MIAMI FL 33173-4658

Title DR
Name AGUILERA, MAGALIS
Address 9745 SW 72ND ST SUITE 218
City-State-Zip: MIAMI FL 33173

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City-State-Zip: MIAMI FL 33173

Title DR
Name AGUILERA, MAGALIS
Address 9745 SW 72ND ST SUITE 218
City-State-Zip: MIAMI FL 33173

Title VP
Name STEGMAN, JUDITH M CPA
Address 646 BEECH ST
City-State-Zip: EAST LANSING MI 48823

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: MAGALIS AGUILERA, PSY.D., P.A

PRESIDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date