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.

PRESIDENT

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

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# P02000010123

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

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

9240 SW 72ND ST SUITE 106 MIAMI, FL 33173-3262

# **Current Mailing Address:**

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

# FEI Number: 45-0463679

# Name and Address of Current Registered Agent:

AGUILERA, MAGALIS 9240 SW 72ND ST PSYCHOLOGICAL SVCS CHILDREN ADOLESCENTS AND ADULTS SUITE106 MIAMI, FL 33173-3262 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

# Officer/Director Detail :

Title	DR.	Title	VP
Name	AGUILERA, MAGALIS DR.	Name	STEGMAN, JUDITH M CPA
Address	9240 SW 72ND ST SUITE 106	Address	646 BEECH ST
		City-State-Zip:	EAST LANSING MI 48823
City-State-Zip:	MIAMI FL 33173-3262		

Certificate of Status Desired: Yes

Date

06/28/2018

# FILED Jun 28, 2018 Secretary of State CC1570967625

Date