## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010123

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

**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 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

AGUILERA, MAGALIS DR.
9240 SW 72ND ST
PSYCHOLOGICAL SVCS CHILDREN ADOLESCENTS AND ADULTS SUITE 106
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: DR MAGALIS AGUILERA PSY D

03/20/2020

FILED Mar 20, 2020

**Secretary of State** 

6069573179CC

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title DR. Title VI

Name AGUILERA, MAGALIS DR. Name STEGMAN, JUDITH M DR.JCD, CPA

Address 9240 SW 72ND ST Address 646 BEECH ST

SUITE 106

City-State-Zip: EAST LANSING MI 48823

City-State-Zip: MIAMI FL 33173-3262

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: AGUILERA, MAGALIS, DR

**PRESIDENT** 

03/20/2020