

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010123

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**9976558338CC**

**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  
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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR.  
Name AGUILERA, MAGALIS DR.  
Address 9240 SW 72ND ST  
SUITE 106  
City-State-Zip: MIAMI FL 33173-3262

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:** DR MAGALIS AGUILERA PSY D PA

**PRESIDENT**

**02/08/2019**

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

\_\_\_\_\_  
Date