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.

OWNER

SIGNATURE: VICTORIA GONZALEZ F	RUATIA

Electronic Signature of Signing Officer/Director Detail

# 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027821

Entity Name: VICTORIA GONZALEZ ROATTA, PSY.D., P.A.

**Current Principal Place of Business:** 

1430 SOUTH DIXIE HWY 316B CORAL GABLES, FL 33146

#### **Current Mailing Address:**

9301 SW 69 AVENUE MIAMI, FL 33156

## FEI Number: 01-0669530

#### Name and Address of Current Registered Agent:

GONZALEZ ROATTA, VICTORIA PA 1430 SOUTH DIXIE HWY 316B CORAL GABLES, FL 33146 US

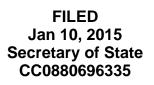
Certificate of Status Desired: No

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:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** 

Title	DR.	Title	MR.
Name	GONZALEZ ROATTA, VICTORIA	Name	ROATTA, JEAN-PAUL
Address	1430 SOUTH DIXIE HWY 316B	Address	1430 SOUTH DIXIE HWY 316B
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146



01/10/2015 Date