

**2019 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**

**Certificate of Status Desired:** No

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

GONZALEZ ROATTA, VICTORIA PA  
1430 SOUTH DIXIE HWY  
316B  
CORAL GABLES, FL 33146 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 GONZALEZ ROATTA, VICTORIA  
Address 1430 SOUTH DIXIE HWY  
316B  
City-State-Zip: CORAL GABLES FL 33146

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

*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:** VICTORIA GONZALEZ ROATTA, PSY.D., P.A.

**OWNER**

**02/12/2019**

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

\_\_\_\_\_  
Date