

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000122617

**Entity Name:** SOUTH FLORIDA PSYCHOLOGICAL CENTER, INC.

**Current Principal Place of Business:**

3408 W 84 ST.  
SUITE 317  
HIALEAH, FL 33018

**Current Mailing Address:**

3408 W 84 ST.  
SUITE 317  
HIALEAH, FL 33018 US

**FEI Number:** 16-1640005

**Certificate of Status Desired:** No

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

HERNANDEZ, MADELINE  
3408 W 84 ST.  
SUITE 317  
HIALEAH, FL 33018 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 DPT  
Name HERNANDEZ, MADELINE  
Address 3408 W 84 ST.  
SUITE 317  
City-State-Zip: HIALEAH FL 33018

*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:** MADELINE HERNANDEZ

**PRESIDENT**

**03/07/2025**

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

\_\_\_\_\_  
Date