

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000098191

**Entity Name:** ATLANTIC PSYCHOLOGICAL CENTER, P.A.

**Current Principal Place of Business:**

2925 AVENTURA BOULEVARD  
#300  
AVENTURA, FL 33180

**Current Mailing Address:**

2925 AVENTURA BOULEVARD  
#300  
AVENTURA, FL 33180 US

**FEI Number:** 20-1264240

**Certificate of Status Desired:** No

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

MIGOYA, JUDITH DR.  
2925 AVENTURA BOULEVARD  
#300  
AVENTURA, FL 33180 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:** JUDITH MIGOYA

01/31/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MIGOYA MACCARRONE, JUDITH M  
Address 2925 AVENTURA BOULEVARD  
SUITE 300  
City-State-Zip: AVENTURA FL 33180

Title D  
Name MACCARRONE, NICHOLAS M  
Address 2925 AVENTURA BOULEVARD  
SUITE 300  
City-State-Zip: AVENTURA FL 33180

*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:** JUDITH MIGOYA MACCARRONE

**DIRECTOR**

01/31/2018

Electronic Signature of Signing Officer/Director Detail

Date