

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101353

Entity Name: DR. ROSA CENTER FOR MENTAL HEALTH, P.A.

Current Principal Place of Business:

5451 UNIVERISTY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067

Current Mailing Address:

5451 UNIVERISTY DRIVE
SUITE 102
CORAL SPRINGS, FL 33067

FEI Number: 20-1569835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, ANDREW MESQ.
1701 WEST HILLSBORO BOULEVARD
SUITE 308
DEERFIELD BEACH, FL 33442 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 D
Name ROSA, EDWARD DR.
Address 5451 UNIVERISTY DRIVE SUITE 102
City-State-Zip: CORAL SPRINGS FL 33067

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: EDWARD ROSA MD

PRESIDENT

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date