

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000090645

**Entity Name:** ELSA M. ORLANDINI, PSY. D., P.A.

**Current Principal Place of Business:**

1560 LENOX AVENUE, SUITE 205  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1560 LENOX AVENUE, SUITE 205  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-5211552

**Certificate of Status Desired:** No

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

BRIAN M. TORRES, P.A.  
SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVENUE, SUITE 3000  
MIAMI, FL 33131 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:** BRIAN M. TORRRES

02/27/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	CEO
Name	ORLANDINI, ELSA MPSY.D	Name	ORLANDINI, ELSA MPSY.D,
Address	1560 LENOX AVENUE, SUITE 205	Address	1560 LENOX AVENUE, SUITE 205
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	MIAMI BEACH FL 33139

*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:** ELSA ORLANDINI

CEO

02/27/2016

Electronic Signature of Signing Officer/Director Detail

Date