

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000105340

**Entity Name:** LIFE SOLUTIONS PSYCHOLOGICAL SERVICES, P.A.

**Current Principal Place of Business:**

4100 SOUTH HOSPITAL DRIVE  
204  
PLANTATION, FL 33317

**Current Mailing Address:**

4100 SOUTH HOSPITAL DRIVE  
204  
PLANTATION, FL 33317 US

**FEI Number:** 56-2603967

**Certificate of Status Desired:** No

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

MALONE, LATOYA E  
4100 SOUTH HOSPITAL DRIVE  
204  
PLANTATION, FL 33317 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 SHAKES MALONE, LATOYA E  
Address 4100 SOUTH HOSPITAL DRIVE  
204  
City-State-Zip: PLANTATION FL 33317

*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:** LATOYA SHAKES MALONE

**OWNER/MANAGING  
DIRECTOR**

**03/07/2022**

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

\_\_\_\_\_  
Date