

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000084539

**Entity Name:** BALANCED LIVING PSYCHOLOGY, INC.

**Current Principal Place of Business:**

13039 LINEBAUGH AVE  
SUITE 101, BUILDING V  
TAMPA, FL 33626

**Current Mailing Address:**

13039 LINEBAUGH AVE  
SUITE 101, BUILDING V  
TAMPA, FL 33626 US

**FEI Number:** 27-1147166

**Certificate of Status Desired:** No

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

HERNANDEZ, DIEGO DR.  
13039 LINEBAUGH AVE  
SUITE 101, BUILDING V  
TAMPA, FL 33626 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 P  
Name HERNANDEZ, DIEGO  
Address 13039 LINEBAUGH AVE, SUITE 101,  
BLDG V  
City-State-Zip: TAMPA FL 33626

*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:** DIEGO F. HERNANDEZ

**PRESIDENT**

**04/23/2014**

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

\_\_\_\_\_  
Date