

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056718

**Entity Name:** ZENaida PAULA, PSY.D. INC

**Current Principal Place of Business:**

1154 LEE BLVD., STE 4  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

1154 LEE BLVD., STE 4  
LEHIGH ACRES, FL 33936 US

**FEI Number:** 27-3025816

**Certificate of Status Desired:** No

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

PAULA, ZENaida  
1154 LEE BLVD., STE 4  
LEHIGH ACRES, FL 33936 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            PAULA, ZENaida  
Address        1154 LEE BLVD., STE 4  
City-State-Zip: LEHIGH ACRES FL 33936

*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:** ZENaida PAULA

P

01/15/2016

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

\_\_\_\_\_  
Date