

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056718

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

**Current Principal Place of Business:**

10501 SIX MILE CYPRESS PARKWAY  
SUITE 115  
FORT MYERS, FL 33966

**Current Mailing Address:**

10501 SIX MILE CYPRESS PARKWAY  
SUITE 115  
FORT MYERS, FL 33966 US

**FEI Number:** 27-3025816

**Certificate of Status Desired:** No

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

PAULA, ZENAIDA  
10501 SIX MILE CYPRESS PARKWAY  
SUITE 115  
FORT MYERS, FL 33966 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 10501 SIX MILE CYPRESS PARKWAY  
SUITE 115  
City-State-Zip: FORT MYERS FL 33966

*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

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date