

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000066923

**Entity Name:** DANIEL HERSEY FAMILY THERAPY, P.A.

**Current Principal Place of Business:**

4479 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE , FL 34982

**Current Mailing Address:**

P.O. BOX 76252  
TAMPA, FL 33765 US

**FEI Number:** 45-2642621

**Certificate of Status Desired:** No

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

HERSEY, DANIEL L  
4479 SOUTH INDIAN RIVER DRIVE  
FORT PERCE , FL 34982 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 HERSEY, DANIEL L  
Address 4479 SOUTH INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34982

*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:** DANIEL HERSEY ED.D.

**PRESIDENT**

**01/16/2018**

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

\_\_\_\_\_  
Date