

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000089051

**Entity Name:** MONICA L KING PSYD INC.

**Current Principal Place of Business:**

6417 POMEROY CIRCLE  
ORLANDO, FL 32810

**Current Mailing Address:**

6417 POMEROY CIRCLE  
ORLANDO, FL 32810

**FEI Number:** 45-2754567

**Certificate of Status Desired:** No

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

KING, MONICA L PSYD  
6417 POMEROY CIRCLE  
ORLANDO, FL 32810 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            KING, MONICA L  
Address        6417 POMEROY CIRCLE  
City-State-Zip: ORLANDO FL 32810

*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:** MONICA L KING

PSYCHOLOGIST

03/02/2018

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

\_\_\_\_\_ Date