

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000102035

**Entity Name:** TMS CENTERS OF BOCA RATON INC

**Current Principal Place of Business:**

8000 NORTH FEDERAL HWY  
SUITE 110  
BOCA RATON, FL 33487

**Current Mailing Address:**

8000 NORTH FEDERAL HWY  
SUITE 110  
BOCA RATON, FL 33487 US

**FEI Number:** 81-0903752

**Certificate of Status Desired:** No

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

MARSELLA, GREGORY Q  
8000 NORTH FEDERAL HWY  
SUITE 110  
BOCA RATON, FL 33487 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 MARSELLA, GREGORY Q  
Address 8000 NORTH FEDERAL HWY  
SUITE 110  
City-State-Zip: BOCA RATON FL 33487

Title VP  
Name QUINN, ALIS C  
Address 8000 NORTH FEDERAL HWY  
SUITE 110  
City-State-Zip: BOCA RATON FL 33487

*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:** GREGORY MARSELLA

P

05/01/2019

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

\_\_\_\_\_  
Date