

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000017267

**Entity Name:** S.P.F. METAMORPHOSIS PSYCHIATRIC SERVICES CORP

**Current Principal Place of Business:**

304 INDIAN TRACE  
177  
WESTON, FL 33326

**Current Mailing Address:**

304 INDIAN TRACE  
177  
WESTON, FL 33326

**FEI Number:** 82-4879010

**Certificate of Status Desired:** No

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

OCHOA, JORGE E  
2500 NW 79 AVENUE  
209  
DORAL, FL 33122 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 FERNANDEZ, SILVIA P  
Address 304 INDIAN TRACE SUITE 177  
City-State-Zip: WESTON FL 33326

*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:** SILVIA PAOLA FERNANDEZ

02/15/2023

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

\_\_\_\_\_  
Date