

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000015909

Entity Name: CARESPAN MEDPSYCH NETWORK, P.A.

Current Principal Place of Business:

14437 UNIVERSITY COVE PL
TAMPA, FL 33613

Current Mailing Address:

14437 UNIVERSITY COVE PL
TAMPA, FL 33613 US

FEI Number: 83-3728488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name BARNETT, DEBRA
Address 14437 UNIVERSITY COVE PL
City-State-Zip: TAMPA FL 33613

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: DEBRA BARNETT

PRESIDENT

03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date