

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000086765

**Entity Name:** ANAGA PSYCHOTHERAPY CENTER, INC.

**Current Principal Place of Business:**

5001 SW 74TH COURT  
SUITE #104  
MIAMI, FL 33155

**Current Mailing Address:**

5001 SW 74TH COURT  
SUITE #104  
MIAMI, FL 33155

**FEI Number:** 65-0633820

**Certificate of Status Desired:** Yes

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

PEREZ-CASTRO, JOSEFINA  
5001 SW 74TH COURT.,  
SUITE #104  
MIAMI, FL 33155 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           PRES  
Name           PEREZ-CASTRO, JOSEFINA  
Address       5001 SW 74TH COURT SUITE # 104  
City-State-Zip: MIAMI FL 33155

*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:** JOSEFINA PEREZ-CASTRO

**PRESIDENT**

**04/25/2014**

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

\_\_\_\_\_  
Date