

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029712

Entity Name: FOUR SEASONS PSYCHOLOGICAL SERVICES INC.

Current Principal Place of Business:

3625 EAGLE DR
VERO BEACH, FL 32963

Current Mailing Address:

3625 EAGLE DRIVE
VERO BEACH, FL 32963

FEI Number: 65-0825020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRETT, SOREN J
3625 EAGLE DR
VERO BEACH, FL 32963 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 D
Name BARRETT, SOREN J
Address 3625 EAGLE DR
City-State-Zip: VERO BEACH FL 32963

Title D
Name BARRETT, ALBERTINA
Address 3625 EAGLE DR
City-State-Zip: VERO BEACH FL 32963

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: ALBERTINA BARRETT

D

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date