

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000061247

**Entity Name:** ALICIA D. HADIDA-HASSAN, LCSW, P.A.

**Current Principal Place of Business:**

1666 KENNEDY CSWY  
401  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

P.O. BOX 402665  
MIAMI BEACH, FL 33140

**FEI Number:** 65-0950422

**Certificate of Status Desired:** No

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

HADIDA-HASSAN, ALICIA  
6423 COLLINS AVE  
1105  
MIAMI BEACH, FL 33141 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 PSTD  
Name HADIDA-HASSAN, ALICIA  
Address 6423 COLLINS AVENUE, 1105  
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR  
Name HADIDA HASSAN, JOSE SR.  
Address 6423 COLLINS AVE  
1105  
City-State-Zip: MIAMI BEACH FL 33141

*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:** ALICIA D HADIDA-HASSAN

**PRES**

**01/20/2022**

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

\_\_\_\_\_  
Date