

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000031743

Entity Name: PSYCHOTHERAPEUTIC ENCOUNTERS, PLLC

Current Principal Place of Business:

535 CENTRAL AVE.
ST. PETERSBURG, FL 33701

Current Mailing Address:

535 CENTRAL AVE.
ST. PETERSBURG, FL 33701

FEI Number: 27-4500956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WYKELL, SHELDON L
535 CENTRAL AVE.
ST. PETERSBURG, FL 33701 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: SHELDON L WYKELL LCSW

10/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WYKELL, SHELDON L
Address 535 CENTRAL AVE.
City-State-Zip: ST. PETERSBURG FL 33701

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHELDON L WYKELL LCSW

PRINCIPAL

10/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date