

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000134059

Entity Name: GREGORY T. CAPRIOTTI, PSY.D., LLC

Current Principal Place of Business:

200 CENTRAL AVE STE 620-B
SAINT PETERSBURG, FL 33705

Current Mailing Address:

1560 CENTRAL AVE APT 270
SAINT PETERSBURG, FL 33705

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title AMBR
Name CAPRIOTTI, GREGORY T
Address 1560 CENTRAL AVE APT 270
City-State-Zip: SAINT PETERSBURG FL 33705

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: GREGORY T. CAPRIOTTI

MEMBER

04/12/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date