

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000134059

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

**Current Principal Place of Business:**

200 CENTRAL AVE  
ONE PROGRESS PLAZA  
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**

**04/14/2017**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date