

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000006872

**Entity Name:** PSYCHIATRIC NURSE PRACTITIONER INC.

**Current Principal Place of Business:**

333 SE 2ND AVE., STE. 2000  
MIAMI, FL 33131

**Current Mailing Address:**

333 SE 2ND AVE., STE. 2000  
MIAMI, FL 33131

**FEI Number: 83-4425319**

**Certificate of Status Desired: No**

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

VOGEL, LEVI  
9507 NW 38TH ST.  
CORAL SPRINGS, FL 33065 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	PRESIDENT	Title	VP
Name	GANNON, BRIGHID A	Name	DHILLON-CHATTHA, PRITMA
Address	191 ORCHARD ST., APT. 4D	Address	1412 PROSPECT AVE. SW
City-State-Zip:	NEW YORK NY 10002	City-State-Zip:	CALGARY, AB T2T 0X6 CANADA AL

*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: BRIGHID A. GANNON**

**PRESIDENT**

**04/24/2023**

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

\_\_\_\_\_  
Date