

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000004572

**Entity Name:** CARYN WATSKY-SCILEPPI, PH.D., P.A.

**Current Principal Place of Business:**

10928 NW 18TH DRIVE  
PLANTATION, FL 33322

**Current Mailing Address:**

10928 NW 18TH DRIVE  
PLANTATION, FL 33322 US

**FEI Number: 46-4570040**

**Certificate of Status Desired: No**

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

WATSKY-SCILEPPI, CARYN B PH.D.  
10928 NW 18TH DRIVE  
PLANTATION, FL 33322 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 DR.  
Name WATSKY-SCILEPPI, CARYN B PH.D.  
Address 10928 NW 18TH DRIVE  
City-State-Zip: PLANTATION FL 33322

*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: CARYN WATSKY-SCILEPPI, PH.D.**

**PRESIDENT**

**04/26/2017**

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

\_\_\_\_\_  
Date