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Annual Report

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ID number: 19871514377

Entity name: TINA Z. FLEISHMAN, PSY, D., P.C.

Jurisdiction under the law of which the
entity was formed or registered: Colorado

You must complete line 1.

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(Street name and number or Post Office Box information)			
P. O. Box 4242			
Vail	CO	81658	
(City)	(State)	(Postal/Zip Code)	
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3. Principal office mailing address: P. O. Box 4242
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Vail CO 81658
(City) (State) (Postal/Zip Code)
United States
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4. Registered agent name: (if an individual) JOHNSON FRANK W.
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

5. The person identified above as registered agent has consented to being so appointed.

6. Registered agent street address: 70 W. Benchmark Road
Suite 204 (Street name and number)
Avon CO 81620
(City) (State) (Postal/Zip Code)

7. Registered agent mailing address: Tina Z. Fleishman, Psy. D., P.C
(if different from above) (Street name and number or Post Office Box information)
P. O. Box 4242
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(City) (State) (Postal/Zip Code)
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