

P11000108551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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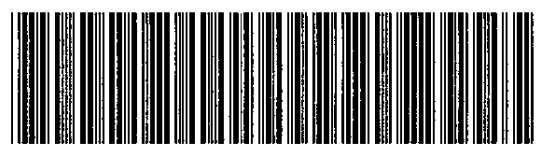
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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R.A.

JUL 17 2012  
T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Psychological Center for Expert Evaluations, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P11000108551

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Kristin Tolbert**  
Name of Contact Person  
**Psychological Center for Expert Evaluations, Inc.**  
Firm/Company  
**3309 Northlake Blvd., Suite 204**  
Address  
**Palm Beach Gardens, FL 33403**  
City/State and Zip Code  
**drktolbert@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Kristin Tolbert** at ( **561** ) **429-2140**  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2012

PSYCHOLOGICAL CENTER FOR EXPERT EVALUATIONS, INC.  
DR KRISTIN TOLBERT  
3309 NORTHLAKE BLVD STE 204  
PALM BEACH GARDENS, FL 33403

SUBJECT: PSYCHOLOGICAL CENTER FOR EXPERT EVALUATIONS, INC.  
Ref. Number: P11000108551

We have received your document for PSYCHOLOGICAL CENTER FOR EXPERT EVALUATIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 912A00018203

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Psychological Center for Expert Evaluations, Inc.
- 2. The principal office address: 3309 Northlake Blvd., Suite 204  
Palm Beach Gardens, FL 33403
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/01/2012 Document number: P11000108551
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kristin Tolbert  
1300 NW 17th Ave., Suite 101  
Delray Beach, FL 33445

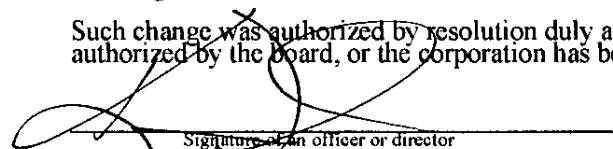
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kristin Tolbert  
3309 Northlake Blvd., Suite 204  
P.O. Box NOT acceptable  
Palm Beach Gardens, FL 33403

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
Signature of an officer or director

Kristin Tolbert/President  
 \_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
 \_\_\_\_\_  
Signature of Registered Agent

07/12/12  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***