

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31117

**Entity Name:** SELMORE PSYCHOLOGICAL EVALUATION CONSULTANT AND RESEARCH, INC.

**FILED**  
**Mar 04, 2017**  
**Secretary of State**  
**CC2323351950**

**Current Principal Place of Business:**

8200 SW 140TH AVENUE  
MIAMI, FL 33183

**Current Mailing Address:**

P.O. BOX 832891  
MIAMI, FL 33283 US

**FEI Number: 65-0116483**

**Certificate of Status Desired: Yes**

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

SELMORE, VERA B.  
8200 SW 140 AVE.  
MIAMI, FL 33183 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 D  
Name SELMORE, VERA B PHD  
Address 8200 SW 140TH AVENUE  
City-State-Zip: MIAMI FL 33183

Title DVP  
Name FLUITT, SANDRA .  
Address 11751 EROS ROAD  
City-State-Zip: LEHIGH ACRES ROAD FL 33971

Title D  
Name RUSSAW, JOYCE B  
Address 418 MARQUIS WAY  
City-State-Zip: MARROW GA 30260

Title DT  
Name WASHINGTON, MICHAEL S  
Address 8200 SW 140 AVE  
City-State-Zip: MIAMI FL 33183

Title D  
Name WASHINGTON, MARC S  
Address 8200 SW 140 AVE  
City-State-Zip: MIAMI FL 33183

Title DS  
Name AKENDE, AKENDELE  
Address 8200 SW 140 AVENUE  
City-State-Zip: MIAMI FL 33183

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: VERA B SELMORE**

**DIRECTOR**

**03/04/2017**

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

\_\_\_\_\_  
Date