

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L34887

**Entity Name:** PSYCHOLOGICAL & EDUCATIONAL CENTER FOR CHILDREN  
AND ADOLESCENTS, INC.

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC6637698228**

**Current Principal Place of Business:**

2519 GALIANO ST  
SUITE 712  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2519 GALIANO ST  
SUITE 712  
CORAL GABLES, FL 33134 US

**FEI Number: 65-0160969**

**Certificate of Status Desired: No**

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

AZARET, MARISA  
2519 GALIANO ST.  
SUITE 712  
CORAL GABLES, FL 33134 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 AZARET, MARISA  
Address 1865 BRICKELL AVE A-1708  
City-State-Zip: MIAMI FL 33129

Title D  
Name UMBEL, VIVIAN  
Address 1581 BRICKELL AVENUE APT.1204  
City-State-Zip: MIAMI FL 33129

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: MARISA AZARET**

**D**

**01/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date