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.

PST

SIGNATURE: DOYLE PATTON

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161039

Entity Name: PATTON PSYCHOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

3403 NW 9TH AVE SUITE 801 OAKLAND PARK, FL 33309

Current Mailing Address:

3403 NW 9TH AVE SUITE 801 OAKLAND PARK, FL 33309 US

FEI Number: 20-2000235

Name and Address of Current Registered Agent:

PATTON, DOYLE E 3403 NW 9TH AVE SUITE 801 OAKLAND PARK, FL 33309 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

Officer/Director Detail :

Title	PST	Title	V
Name	PATTON, DOYLE E	Name	LOPEZ, MARIA R
Address	3403 NW 9TH AVE SUITE 801	Address	3403 NW 9TH AVE SUITE 801
City-State-Zip:	OAKLAND PARK FL 33309	City-State-Zip:	OAKLAND PARK FL 33309

FILED Mar 04, 2016 Secretary of State CC4440678231

Certificate of Status Desired: No

03/04/2016

Date