

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108551

**Entity Name:** PSYCHOLOGICAL CENTER FOR EXPERT EVALUATIONS, INC.

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC6277686877**

**Current Principal Place of Business:**

3307 NORTHLAKE BLVD STE 101  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

3307 NORTHLAKE BLVD STE 101  
PALM BEACH GARDENS, FL 33403 US

**FEI Number:** 61-1577911

**Certificate of Status Desired:** No

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

TOLBERT, KRISTIN M  
3307 NORTHLAKE BLVD STE 101  
PALM BEACH GARDENS, FL 33403 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            P  
Name            TOLBERT, KRISTIN M  
Address        3307 NORTHLAKE BLVD STE 101  
City-State-Zip: PALM BEACH GARDENS FL 33403

*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:** KRISTIN M TOLBERT

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_ Date