

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108551

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

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC1758620939**

**Current Principal Place of Business:**

3309 NORTHLAKE BLVD STE 204  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

3309 NORTHLAKE BLVD STE 204  
PALM BEACH GARDENS, FL 33403

**FEI Number: 61-1577911**

**Certificate of Status Desired: No**

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

TOLBERT, KRISTIN M  
3309 NORTHLAKE BLVD STE 204  
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 1300 NW 17TH AVE., SUITE 101  
City-State-Zip: DELRAY BEACH FL 33445

*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 TOLBERT**

**DR.**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date