## 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: DR. KRISTIN TOLBERT

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:** 3307 NORTHLAKE BLVD STE 101

PALM BEACH GARDENS. FL 33403 US

#### FEI Number: 61-1577911

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

TOLBERT, KRISTIN M DR. 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: KRISTIN TOLBERT

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

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

10/23/2016

PRESIDENT

#### FILED Oct 23, 2016 Secretary of State CR0592018373

Certificate of Status Desired: No

10/23/2016 Date

Date

## 2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

### DOCUMENT# P11000108551

3307 NORTHLAKE BLVD STE 101

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

## **Current Principal Place of Business:**

PALM BEACH GARDENS, FL 33403