

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12426

FILED
Feb 21, 2011
Secretary of State

Entity Name: E. S. BARTLETT, PH. D., CLINICAL PSYCHOLOGIST, INC.

Current Principal Place of Business:

INTERLACHEN CORP CENTER
1211 S. R, 436, STE 113
CASSELBERRY, FL 327076442 US

New Principal Place of Business:

Current Mailing Address:

INTERLACHEN CORP CENTER
1211 S. R, 436, STE 113
CASSELBERRY, FL 327076442 US

New Mailing Address:

FEI Number: 59-2051295 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARTLETT, EDMUND S PH.D.
1211 S R 436
SUITE 113
CASSELBERRY, FL 327076442 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: BARTLETT, EDMUND S PH. D.
Address: 1211 S.R. 436, SUITE 113
City-St-Zip: CASSELBERRY, FL 327076442 U

Title: TD
Name: BARTLETT, LEONORA L
Address: 1211S.R. 436, STE 113
City-St-Zip: CASSELBERRY, FL 327076442 US

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: EDMUND S, BARTLETT, PH.D.

PD

02/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date