

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12426

FILED
Jan 03, 2012
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:

235 S. MAITLAND AVENUE
SUITE 114
MAITLAND, FL 32751 US

Current Mailing Address:

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

New Mailing Address:

235 S. MAITLAND AVENUE
SUITE 114
MAITLAND, FL 32751 US

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:

BARTLETT, EDMUND S PH.D.
235 S. MAITLAND AVENUE
SUITE 114
MAITLAND, FL 32751 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

01/03/2012

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BARTLETT, EDMUND S PH. D.
Address: 235 S. MAITLAND AVENUE, SUITE 114
City-St-Zip: MAITLAND, FL 32751 US

Title: TD
Name: BARTLETT, LEONORA L
Address: 235 S. MAITLAND AVENUE, SUITE 114
City-St-Zip: MAITLAND, FL 32751 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

01/03/2012

Electronic Signature of Signing Officer or Director

Date