

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G79272

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** PSYCHOLOGICAL AND COUNSELING CONSULTANTS, INC.

**Current Principal Place of Business:**

304 N. MERIDIAN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

711 KENILWORTH ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-2736751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCALF, DR. LANCE D  
711 KENILWORTH ROAD  
TALLAHASSEE, FL 32312 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:** LANCE D. SCALF

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SCALF, LANCE D  
**Address:** 711 KENILWORTH ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** VP  
**Name:** SCALF, HEIDI C  
**Address:** 711 KENILWORTH ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** S  
**Name:** SCALF, HEIDI C  
**Address:** 711 KENILWORTH ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312

**Title:** T  
**Name:** SCALF, LANCE D  
**Address:** 711 KENILWORTH ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32312

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:** LANCE D. SCALF

Electronic Signature of Signing Officer or Director

DR.

04/20/2011

Date