

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G80642

FILED  
Sep 06, 2012  
Secretary of State

**Entity Name:** INTERNATIONAL CENTER OF PSYCHOLOGY, INC.

**Current Principal Place of Business:**

7160 SW 21 ST  
APT 3  
MIAMI, FL 33155

**New Principal Place of Business:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

7160 SW 21 ST  
3  
MIAMI, FL 33155 US

**New Mailing Address:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**FEI Number:** 65-0270168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, HAYDEE VD  
7160 SW 21ST #3  
MIAMI, FL 33155 US

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL FL 33470 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: INCORP SERVICES, INC.

09/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: SOLER, MARIA ANGELES VD  
Address: MUNTANER 171 4A, 1A  
City-St-Zip: BARCELONA, SP 08036 SP

Title: MR  
Name: PUYUELO, DAVID MR  
Address: MUNTANER 171 4A, 1A  
City-St-Zip: BARCELONA, SP 08036 SP

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: MARIANGELES SOLER

MS

09/06/2012

Electronic Signature of Signing Officer or Director

Date