

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K78572

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** PSYCHOTHERAPY FORENSIC SERVICES, INC.

**Current Principal Place of Business:**

% ROBERT W. WHITFORD  
3910 W. ALVA ST.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

ROBERT W. WHITFORD  
11412 PALDAO RD.  
TAMPA, FL 33618 US

**Current Mailing Address:**

% ROBERT W. WHITFORD  
3910 W. ALVA ST.  
TAMPA, FL 33614 US

**New Mailing Address:**

ROBERT W. WHITFORD  
11412 PALDAO RD.  
TAMPA, FL 33618 US

**FEI Number:** 65-0123797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITFORD, ROBERT W.  
11412 PALDAO RD  
TAMPA, FL 33618 US

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

WHITFORD, ROBERT W  
11412 PALDAO RD  
TAMPA, FL 33618 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: ROBERT W. WHITFORD

03/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WHITFORD, ROBERT W  
Address: 11412 PALDAO RD.  
City-St-Zip: TAMPA, FL 33618 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: ROBERT W. WHITFORD

D

03/08/2012

Electronic Signature of Signing Officer or Director

Date