

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000096294

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** PSYCHOTHERAPY AND TESTING CONSULTANTS, INC.

**Current Principal Place of Business:**

15321 S. DIXIE HIGHWAY  
303 A  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2635  
HALLANDALE, FL 33008

**New Mailing Address:**

**FEI Number:** 06-1710093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTSON, ISHAJI  
15321 S. DIXIE HIGHWAY  
303 A  
MIAMI, FL 33157 US

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

ROBERTSON, ISHAJI  
15321 S. DIXIE HIGHWAY SUITE  
202  
MIAMI, FL 33157 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

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROBERTSON, ISHAJI  
Address: 801 SW 3RD AVE  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: ISHAJI ROBERTSON

OWNE

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date