

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096294

FILED  
Apr 27, 2012  
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:**

15321 S. DIXIE HIGHWAY  
202  
MIAMI, FL 33157

**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, ISCHAJI  
15321 S. DIXIE HIGHWAY SUITE  
202  
MIAMI, FL 33157 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: OWNE  
Name: ROBERTSON, ISCHAJI  
Address: P.O. BOX 2635  
City-St-Zip: HALLANDALE BEACH, FL 33008

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: ISCHAJI ROBERTSON

OWNE

04/27/2012

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

\_\_\_\_\_  
Date