

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000120278

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PSYCHOLOGICAL CONSULTANTS INC.

**Current Principal Place of Business:**

1114 W. DIXIE AVE  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

1114 W. DIXIE AVE  
LEESBURG, FL 34748 US

**New Mailing Address:**

PO BOX 490134  
LEESBURG, FL 34749 US

**FEI Number:** 20-1553785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORDAN, EDWARD P II  
1460 E HWY 50  
CLERMONT, FL 34711 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:** DPST  
**Name:** SAUNDERS, WILLIAM S  
**Address:** 1114 W. DIXIE AVE  
**City-St-Zip:** LEESBURG, FL 34748 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:** W. STEVEN SAUNDERS

DR.

04/04/2012

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

\_\_\_\_\_  
Date