

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000130589

FILED
Nov 06, 2007
Secretary of State

Entity Name: PSYCHOLOGICAL CONSULTANTS P.A.

Current Principal Place of Business:

2700 SW 3RD AVENUE
2D
MIAMI, FL 33129

New Principal Place of Business:

19300 WEST DIXIE HIGHWAY
2
NORTH MIAMI, FL 33180

Current Mailing Address:

2700 SW 3RD AVENUE
2D
MIAMI, FL 33129

New Mailing Address:

1501 NE 27TH STREET
WILTON MANORS, FL 33334

FEI Number: 20-3570405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, HEATHER A. DR.
2700 SW 3RD AVENUE
2D
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

HOLMES, HEATHER A. DR.
19300 WEST DIXIE HIGHWAY
2
NORTH MIAMI, FL 33180 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: HEATHER A. HOLMES

11/06/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLMES, HEATHER A. DR.
Address: 2700 SW 3RD AVENUE, 2D
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLMES, HEATHER A. DR.
Address: 19300 WEST DIXIE HIGHWAY, SUITE 2
City-St-Zip: NORTH MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. HEATHER A. HOLMES

D

11/06/2007

Electronic Signature of Signing Officer or Director

Date