

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P12000003806

**FILED**  
**Oct 17, 2013**  
**Secretary of State**

**Entity Name:** MTCA PSYCHOLOGICAL SERVICES P.A.

**Current Principal Place of Business:**

801 NORTHPOINT PARKWAY  
SUITE 31  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 NORTHPOINT PARKWAY  
SUITE 31  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

118-35 QUEENS BLVD  
SUITE 1403  
FOREST HILLS, NY 11375 US

**FEI Number:** 45-4274527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLACK, JONATHAN R PSY.D.  
7546 OAKBORO DRIVE  
LAKE WORTH, FL 33467 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: JONATHAN R BLACK

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLACK, JONATHAN R PSY.D.  
Address: 7546 OAKBORO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP  
Name: BLACK, JONATHAN R PSY.D.  
Address: 7546 OAKBORO DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 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: JONATHAN R BLACK

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

PSYD

10/17/2013

\_\_\_\_\_  
Date