

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 22, 2016
Secretary of State
CC5424153267

Entity Name: PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.

Current Principal Place of Business:

16204 NORTH FLORIDA AVENUE
LUTZ, FL 33549

Current Mailing Address:

16204 NORTH FLORIDA AVENUE
LUTZ, FL 33549

FEI Number: 59-1913294

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, BOB RIII
17408 GUNN HWY.
ODESSA, FL 33556 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

Date

Officer/Director Detail :

Title CD
Name SMITH, R BOB III
Address 17408 GUNN HWY
City-State-Zip: ODESSA FL 33556

Title VPD
Name SMITH, CATHERINE R
Address 17408 GUNN HWY
City-State-Zip: ODESSA FL 33556

Title EVP
Name WHITE, TRAVIS G
Address 16204 N. FLORIDA AVE
City-State-Zip: LUTZ FL 33549

Title PRES
Name CUNNINGHAM, KAY M
Address 16204 N FLORIDA AVE
City-State-Zip: LUTZ FL 33549

Title CFO
Name DRACKETT, DONNA P
Address 16204 NORTH FLORIDA AVENUE
City-State-Zip: LUTZ FL 33549

Title VICE PRESIDENT - DISTRIBUTION
Name PRESSON, GREGORY
Address 16204 NORTH FLORIDA AVENUE
City-State-Zip: LUTZ FL 33549

Title CTO
Name EDDY, JAMES
Address 16204 NORTH FLORIDA AVENUE
City-State-Zip: LUTZ FL 33549

Title EVP
Name GRECO, KRISTIN
Address 16204 NORTH FLORIDA AVENUE
City-State-Zip: LUTZ FL 33549

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: DONNA P DRACKETT

CFO

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date