

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000091282

**Entity Name:** CAROLYN COLE ARNOLD, PSY.D., P.A.

**Current Principal Place of Business:**

4001 N. OCEAN BLVD.  
1604  
BOCA RATON, FL 33431

**Current Mailing Address:**

4001 N. OCEAN BLVD.  
1604  
BOCA RATON, FL 33431

**FEI Number:** 65-0501755

**Certificate of Status Desired:** No

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

ARNOLD, CAROLYN CPSY.D.  
4001 N. OCEAN BLVD.  
1604  
BOCA RATON, FL 33431 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            P  
Name            ARNOLD, CAROLYN C  
Address        4001 N. OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33431

Title            SEC  
Name            ARNOLD, CHARLES  
Address        4001 N. OCEAN BLVD.  
City-State-Zip: BOCA RATON FL 33431

*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:** CAROLYN C. ARNOLD

**PRESIDENT**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date