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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: KRISTEN TOLBERT

Electronic Signature of Signing Officer/Director Detail

	RPORATION ANNUAL REPORT
	AFURATION ANNUAL REFURT

DOCUMENT# N21000010868

Entity Name: INSTITUTE FOR PSYCHOTHERAPY AND ECONOMIC DEVELOPMENT, INC

Current Principal Place of Business:

18117 BISCAYNE BLVD STE 2052 AVENTURA, FL 33160

Current Mailing Address:

18117 BISCAYNE BLVD STE 2052 AVENTURA, FL 33160

FEI Number: 87-2600185

Name and Address of Current Registered Agent:

TOLBERT, KRISTEN A 18117 BISCAYNE BLVD STE 2052 AVENTURA, FL 33160 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

Officer/Director Detail :

	Title	PRESIDENT	Title	DIRECTOR
	Name	TOLBERT, KRISTEN	Name	SWANSON, TAYLOR
	Address	18117 BISCAYNE BLVD SUITE 2052	Address	18117 BISCAYNE BLVD SUITE 2052
	City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160
	Title	DIRECTOR	Title	DIRECTOR
	Title Name	DIRECTOR TOLBERT, SUSAN	Title Name	DIRECTOR SEAMON, MATTHEW ESQ.
				SEAMON, MATTHEW ESQ. 18117 BISCAYNE BLVD
	Name Address	TOLBERT, SUSAN 18117 BISCAYNE BLVD SUITE 2052	Name	SEAMON, MATTHEW ESQ.
	Name	TOLBERT, SUSAN	Name	SEAMON, MATTHEW ESQ. 18117 BISCAYNE BLVD

Certificate of Status Desired: No

FILED Apr 29, 2022 Secretary of State 7878288542CC

> 04/29/2022 Date

Date