2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: No

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   Date

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
Name	TOLBERT, SUSAN		Name	SEAMON, MATTHEW ESQ.
Address	18117 BISCAYNE BLVD SUITE 2052		Address	18117 BISCAYNE BLVD STE 2052
City-State-Zip:	AVENTURA FL 33160		City-State-Zip:	AVENTURA FL 33160

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.

SIGNATURE: KRISTEN TOLBERT   PRESIDENT   04/11/2024

Electronic Signature of Signing Officer/Director Detail   Date