

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002953

FILED  
Jan 17, 2012  
Secretary of State

Entity Name: PSI SERVICES III, INC.

**Current Principal Place of Business:**

3890 DUNN AVENUE WEST, SUITE 1104  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

3890 DUNN AVENUE WEST, SUITE 1104  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 22-3530036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALLACE, RICKY B  
10512 INNISBROOK DRIVE  
JACKSONVILLE, FL 32222 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MRS.  
Name: ABRAMOWITZ, ELIZABETH A DR.  
Address: 7101 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814 US

Title: MR.  
Name: WALLACE, RICKY  
Address: 10512 INNISBROOK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: MR.  
Name: WILLIAMS, MELVIN MR.  
Address: 7101 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814

Title: MR  
Name: HOWARD, WILLIAM MR.  
Address: 7101 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814

Title: MRS.  
Name: ROMANO, NORMA .  
Address: 7101 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814

Title: MR.  
Name: TOLSON, VINCENT  
Address: 14315 WICKLOW LANE  
City-St-Zip: LAUREL, MD 20707

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: ELIZABETH A. ABRAMOWITZ

DR.

01/17/2012

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

\_\_\_\_\_  
Date