

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002953

Entity Name: PSI SERVICES III, INC.**Current Principal Place of Business:**8301 PROFESSIONAL PLACE EAST
SUITE 205
HYATTSVILLE, MD 20785**Current Mailing Address:**PSI FAMILY SERVICES, INC.
8301 PROFESSIONAL PLACE EAST SUITE 205
HYATTSVILLE, MD 20785 US**FEI Number:** 22-3530036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEINRICHS, PATRICIA
1414 KINGSLEY AVENUE
SUITE 3
ORANGE PARK, FL 32703 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:** PATRICIA HEINRICHS

04/21/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR.
Name ABRAMOWITZ, ELIZABETH A
Address 8301 PROFESSIONAL PLACE EAST
SUITE 205
City-State-Zip: HYATTSVILLE MD 20785

Title MRS.
Name ROMANO, NORMA .
Address 8301 PROFESSIONAL PLACE EAST
SUITE 205
City-State-Zip: HYATTSVILLE MD 20785

Title MR.
Name MASON, STEVE
Address 8301 PROFESSIONAL PLACE EAST
SUITE 205
City-State-Zip: HYATTSVILLE MD 20785

Title MR.
Name WILLIAMS, MELVIN MR.
Address 8301 PROFESSIONAL PLACE EAST
SUITE 205
City-State-Zip: HYATTSVILLE MD 20785

Title MR.
Name TOLSON, VINCENT
Address 8301 PROFESSIONAL PLACE EAST
SUITE 205
City-State-Zip: HYATTSVILLE MD 20785

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

PRESIDENT

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date