

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 342837**

1. Entity Name  
PSYCHOLOGICAL AND FAMILY CONSULTANTS, INC.



Principal Place of Business  
1254 OCALA ROAD  
TALLAHASSEE, FL 32304

Mailing Address  
1254 OCALA ROAD  
TALLAHASSEE, FL 32304

**FILED**  
**Jul 31, 2007 08:00 AM**  
**Secretary of State**



07262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1263156</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MADSEN JR., CHARLES H  
811 ABBIEGAIL DR  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000770998  
07/31/07-80009-019 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MADSEN, CHARLES H JR DR 811 ABBIEGAIL DR TALLAHASSEE, FL 32303
----------------------------------------------------	----------------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MADSEN, DIANE 811 ABBIEGAIL DR TALLAHASSEE, FL
----------------------------------------------------	------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORSE, RAQUELLE 6617 TOMY LEE TR TALLAHASSEE, FL 32309
----------------------------------------------------	-------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
----------------------------------------------------	--

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/07 850-575-8954  
Date Daytime Phone #