

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000000311

**FILED**  
**Oct 27, 2004**  
**Secretary of State**

**Entity Name:** PSYCHOTHERAPEUTIC MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

630 W. DIVISION STREET, SUITE D  
DOVER, DE 19904

**New Principal Place of Business:**

201 TALBOT BLVD.  
SUITE I  
CHESTERTOWN, MD 21620

**Current Mailing Address:**

630 W. DIVISION STREET, SUITE D  
DOVER, DE 19904

**New Mailing Address:**

P.O. BOX 690  
CHESTERTOWN, MD 21620

**FEI Number:** 52-1750623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAIR, ALBERT E ESQ.  
241 SEVILLA AVENUE, PH2  
CORAL GABLES, FL 33134 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: JONES, D. CHERREY  
Address: 630 W. DIVISION STREET, SUITE D  
City-St-Zip: DOVER, DE 19904

Title: VCVS ( ) Delete  
Name: WOLF, RALPH S D.O.  
Address: 630 W. DIVISION STREET, SUITE D  
City-St-Zip: DOVER, DE 19904

Title: DT ( ) Delete  
Name: COOPER, RANDALL L  
Address: 630 W. DIVISION STREET, SUITE D  
City-St-Zip: DOVER, DE 19904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: JONES, D. CHERREY  
Address: 201 TALBOT BLVD.  
City-St-Zip: CHESTERTOWN, MD 21620

Title: VCVS (X) Change ( ) Addition  
Name: WOLF, RALPH S D.O.  
Address: 201 TALBOT BLVD.  
City-St-Zip: CHESTERTOWN, MD 21620

Title: DT (X) Change ( ) Addition  
Name: COOPER, RANDALL L  
Address: 201 TALBOT BLVD.  
City-St-Zip: CHESTERTOWN, MD 21620

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL COOPER

DT

10/27/2004

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

\_\_\_\_\_  
Date