

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000311

FILED  
Feb 01, 2005  
Secretary of State

Entity Name: PSYCHOTHERAPEUTIC MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

201 TALBOT BLVD.  
SUITE I  
CHESTERTOWN, MD 21620

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 690  
CHESTERTOWN, MD 21620

**New Mailing Address:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RHONDA M. KELLUM

AP

02/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date