


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90069 001 \*\*\*300.00

DOCUMENT # F0000000311

1. Entity Name  
 PSYCHOTHERAPEUTIC MANAGEMENT SERVICES, INC.



Principal Place of Business  
 201 TALBOT BLVD.  
 SUITE 1  
 CHESTERTOWN, MD 21620

Mailing Address  
 P.O. BOX 690  
 CHESTERTOWN, MD 21620

66007104

2. Principal Place of Business - No P.O. Box #  
 870 High Street  
 Suite, Apt., etc.  
 Suite 2  
 City & State  
 Chestertown, MD  
 Zip  
 21620  
 Country  
 US

3. Mailing Address  
 870 High Street  
 Suite, Apt., etc.  
 Suite 2  
 City & State  
 Chestertown, MD  
 Zip  
 21620  
 Country  
 US



04092008 Chg-P CR2E034 (12/06)

4. FEI Number  
 52-1750623

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BLAIR, ALBERT E ESQ.  
 241 SEVILLA AVENUE, PH2  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JONES, D. CHERREY 201 TALBOT BLVD. CHESTERTOWN, MD 21620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jones, D. Cherrey 870 High Street, Suite 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS WOLF, RALPH S.D.O. 201 TALBOT BLVD. CHESTERTOWN, MD 21620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 870 High Street, Suite 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOPER, RANDALL L 201 TALBOT BLVD. CHESTERTOWN, MD 21620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 870 High Street, Suite 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: 4/10/08 Daytime Phone #: 410-810-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR