2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000311

FILED Apr 02, 2009 Secretary of State

Entity Name: PSYCHOTHERAPEUTIC MANAGEMENT SERVICES, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--|--|--|---|
| 70 <u>HI</u> GH : | STREET | | | |
| SUITE 2 SHESTER | TOWN, MD 2 | 21620 | | |
| | • | | | |
| current Mailing Address: | | ss: | New Mailing Address: | |
| 70 HIGH : SUITE 2 CHESTER | STREET TOWN, MD 2 | 21620 | | |
| El Number: | 52-1750623 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| ame and | Address of C | Current Registered Agent: | Name and Address of | of New Registered Agent: |
| 41 SÉVILI | BERT E ESQ. LA AVENUE, I | | | |
| ORAL GA | ABLES, FL 33 | 3134 US | | |
| he above | , | | e purpose of changing its registere | ed office or registered agent, or both, |
| ne above the State | named entity of Florida. | | e purpose of changing its registere | ed office or registered agent, or both, |
| ne above the State | named entity of Florida. RE: | | | ed office or registered agent, or both, Date |
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 KELLUM AP 04/02/2009