

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006326

FILED
Feb 01, 2005
Secretary of State

Entity Name: PSYCHOTHERAPEUTIC SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

201 TALBOT BLVD
J
CHESTERTOWN, MD 21620

New Principal Place of Business:

Current Mailing Address:

P.O BOX 690
CHESTERTOWN, MD 21620 US

New Mailing Address:

FEI Number: 52-1946690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, KASHTAN & FORNARIS, P.A.
241 SEVILLA AVE., 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. CHERRY
Address: 201 TALBOT BLVD STE 6
City-St-Zip: CHESTERTOWN, MD 21620

Title: CVS () Delete
Name: WOLF, RALPH S
Address: 201 TALBOT BLVD STE J
City-St-Zip: CHESTERTOWN, MD 21620

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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