

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006326

**FILED**  
**May 10, 2006**  
**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 J  
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: ( ) 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 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: RANDALL COOPER

DT

05/10/2006

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

\_\_\_\_\_  
Date