


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90069 001 ***300.00

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1. Entity Name
 PSYCHOTHERAPEUTIC SERVICES OF FLORIDA, INC.




Principal Place of Business Mailing Address

201 TALBOT BLVD P.O BOX 690
 CHESTERTOWN, MD 21620 CHESTERTOWN, MD 21620 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

66007185



04092008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 52-1946690 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIR, ALBERT E ESQ
 DANIELS, KASHTAN, DOWNS, ROBERTSON
 3300 PONCE DE LEON BLVD
 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. CHERRY 201 TALBOT BLVD STE J CHESTERTOWN, MD 21620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones, D. Cherrey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 870 High Street, Suite 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS WOLF, RALPH S 201 TALBOT BLVD STE J 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 ST EJ 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
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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:  4/10/08 410-810-2467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #