

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006326

FILED
Apr 02, 2009
Secretary of State

Entity Name: PSYCHOTHERAPEUTIC SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

870 HIGH STREET
SUITE 2
CHESTERTOWN, MD 21620

New Principal Place of Business:

Current Mailing Address:

870 HIGH STREET
SUITE 2
CHESTERTOWN, MD 21620 US

New Mailing Address:

870 HIGH STREET
SUITE 2
CHESTERTOWN, MD 21620

FEI Number: 52-1946690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIR, ALBERT E ESQ
DANIELS, KASHTAN, DOWNS, ROBERTSON
3300 PONCE DE LEON BLVD
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, CHERREY D
Address: 870 HIGH STREET, SUITE 2
City-St-Zip: CHESTERTOWN, MD 21620

Title: CVS () Delete
Name: WOLF, RALPH S
Address: 870 HIGH STREET, SUITE 2
City-St-Zip: CHESTERTOWN, MD 21620

Title: DT () Delete
Name: COOPER, RANDALL L
Address: 870 HIGH STREET, SUITE 2
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 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

Electronic Signature of Signing Officer or Director

_____ Date