

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006326

FILED  
Feb 16, 2011  
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

**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:**

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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: JONES, CHERREY D  
Address: 870 HIGH STREET, SUITE 2  
City-St-Zip: CHESTERTOWN, MD 21620

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

Title: DT  
Name: COOPER, RANDALL L  
Address: 870 HIGH STREET, SUITE 2  
City-St-Zip: CHESTERTOWN, MD 21620

I hereby 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 all other like empowered.

SIGNATURE: RANDALL L COOPER

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

DT

02/16/2011

\_\_\_\_\_ Date