

FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90148 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001728

1. Corporation Name  
PSYCHOTHERAPEUTIC SERVICE ASSOCIATION, INC.

Principal Place of Business PO BOX 690 CHESTERTOWN MD 21620	Mailing Address PO BOX 690 CHESTERTOWN MD 21620
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 04/03/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 51-0316107 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent  BLAIR, ALBERT E ESQ. 241 SEVILLA AVE., PH2 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	JONES, D. CHERREY	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	630 W. DIVISION ST., STE. F	1.2 NAME	
STREET ADDRESS	DOVER DE 19904	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	WOLF, RALPH S D.O.	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	630 W. DIVISION ST., STE. F	2.2 NAME	
STREET ADDRESS	DOVER DE 19904	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE DT <input type="checkbox"/> DELETE	COOPER, RANDALL L	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	630 W. DIVISION ST., STE. F	3.2 NAME	
STREET ADDRESS	DOVER DE 19904	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 4/30/99 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)