

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001728

1. Entity Name

PSYCHOTHERAPEUTIC SERVICE ASSOCIATION, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90089 020 ****61.25

Principal Place of Business

PO BOX 690
 CHESTERTOWN MD 21620

Mailing Address

PO BOX 690
 CHESTERTOWN MD 21620

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0316107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLAIR, ALBERT E ESQ.
 241 SEVILLA AVE., PH2
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **JONES, D. CHERREY**
 STREET ADDRESS **630 W. DIVISION ST., STE. F**
 CITY-ST-ZIP **DOVER DE 19904**

TITLE **D** ☐ Delete
 NAME **WOLF, RALPH S D.O.**
 STREET ADDRESS **630 W. DIVISION ST., STE. F**
 CITY-ST-ZIP **DOVER DE 19904**

TITLE **DT** ☐ Delete
 NAME **COOPER, RANDALL L**
 STREET ADDRESS **630 W. DIVISION ST., STE. F**
 CITY-ST-ZIP **DOVER DE 19904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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12. 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 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 617, 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:

SIGNATURE OF REGISTERED AGENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00
 Date

410-778-9114
 Daytime Phone #

CR2E037 (5/00)