2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# J61718

Entity Name: PSYCHOTHERAPY, INC.

Current Principal Place of Business:

7522 WILES ROAD, STE. 212
CORAL SPRINGS, FL 33067

New Principal Place of Business:

6390 NW 47 CT
CORAL SPRINGS, FL 33067

Current Mailing Address:

7522 WILES ROAD, STE. 212
CORAL SPRINGS, FL 33067

New Mailing Address:

6390 NW 47 CT
CORAL SPRINGS, FL 33067

FEI Number: 59-2785188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFSON, ANDREA
4491 S. STATE ROAD SEVEN
SUITE 314
DAVIE, FL 33314 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: PD ( ) Delete
Name: WOLFSON, DOROTHY
Address: 7522 WILES ROAD, STE. 212
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WOLFSON, DOROTHY
Address: 6390 NW 47 CT
City-St-Zip: CORAL SPRINGS, FL 33067

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: DOROTHY WOLFSON PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date