## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K09063

FILED Jan 10, 2007 Secretary of State

Entity Name: CENTER FOR PSYCHOLOGICAL SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1726 KINGSLEY AVE #2 P.O. BOX 1556 ORANGE PARK, FL 32073

ORANGE PARK, FL 32073

1726 KINGSLEY AVE #2

**Current Mailing Address: New Mailing Address:** 

1726 KINGSLEY AVE #2 P.O. BOX 1556 ORANGE PARK, FL 32073 4256 WICKS BRANCH ROAD ST. AUGUSTINE, FL 32086

FEI Number: 59-2862375 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

D'AMATO, KEITH R 4256 WICKS BRANCH RD SAINT AUGUSTINE, FL 32086 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

D'AMATO, KEITH R., D'AMATO, KEITH R., Name: Name: 4256 WICKS BRANCH RD 4256 WICKS BRANCH RD Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: KEITH R. D'AMATO DR. 01/10/2007