

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L76447	
1. Entity Name THE PSYCH TEAM, INC.	

Principal Place of Business 10000 STIRLING ROAD SUITE #6 COOPER CITY, FL 33024	Mailing Address 10000 STIRLING ROAD SUITE #6 COOPER CITY, FL 33024
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03142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0205667	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WOOLFSTEAD, JAY S. 10000 STIRLING ROAD SUITE #6 COOPER CITY, FL 33024	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

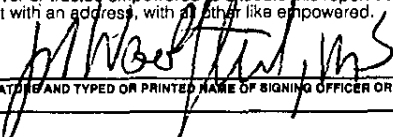
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000722454 05/02/07-80032-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLFSTEAD, JAY S. 10000 STIRLING ROAD #6 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOLFSTEAD, JAY S 10000 STIRLING ROAD #6 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCAGHEY, PATRICK 10000 STIRLING ROAD #6 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOLFSTEAD, JAY S 10000 STIRLING ROAD #6 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/16/2007	934 436-8326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #