2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L76447

1. Entity Name
THE PSYCH TEAM, INC.

Principal Place of Business	Mailing Address
10000 STIRLING ROAD SUITE #6 COOPER CITY, FL 33024	10000 STIRLING ROAD SUITE #6 COOPER CITY, FL 33024

02222008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000919324
05/13/08-80116-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOLFSTEAD, JAY S.
STREET ADDRESS	10000 STIRLING ROAD #6
CITY-ST-ZIP	COOPER CITY, FL 33024
TITLE	VD
NAME	WOOLFSTEAD, JAY S
STREET ADDRESS	10000 STIRLING ROAD #6
CITY-ST-ZIP	COOPER CITY, FL 33024
TITLE	SD
NAME	MCCAGHEY, PATRICK
STREET ADDRESS	10000 STIRLING ROAD #6
CITY-ST-ZIP	COOPER CITY, FL 33024
TITLE	TD
NAME	WOOLFSTEAD, JAY S
STREET ADDRESS	10000 STIRLING ROAD #6
CITY-ST-ZIP	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: _____ 4/21/2008 954-436-8326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #