2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L76447

Entity Name: THE PSYCH TEAM, INC.

FILED Mar 21, 2011 Secretary of State

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

10000 STIRLING ROAD 10400 GRIFFIN ROAD

SUITE #6 SUITE 101

COOPER CITY, FL 33024 COOPER CITY, FL 33328

Current Mailing Address: New Mailing Address:

10000 STIRLING ROAD 10400 GRIFFIN ROAD

SUITE #6 SUITE 101

COOPER CITY, FL 33024 COOPER CITY, FL 33328

FEI Number: 65-0205667 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:

WOOLFSTEAD, JAY S. WOOLFSTEAD, JAY S. 10000 STIRLING ROAD 10400 GRIFFIN ROAD

SUITE #6 SUITE 101

COOPER CITY, FL 33024 US COOPER CITY, FL 33328 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.

iii tile State of Florida.

SIGNATURE: 03/21/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: WOOLFSTEAD, JAY S.

Address: 10400 GRIFFIN ROAD, SUITE 101

City-St-Zip: COOPER CITY, FL 33328

Title: VD

Name: WOOLFSTEAD, JAY S

Address: 10400 GRIFFIN ROAD, SUITE 101

City-St-Zip: COOPER CITY, FL 33328

Title: SD

Name: MCCAGHREN, PATRICK

Address: 10400 GRIFFIN ROAD, SUITE 101

City-St-Zip: COOPER CITY, FL 33328

Title: TD

Name: WOOLFSTEAD, JAY S

Address: 10400 GRIFFIN ROAD, SUITE 101 City-St-Zip: COOPER CITY, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: JAY S. WOOLFSTEAD, M.S. PD 03/21/2011