

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90008 013 ***150.00

DOCUMENT # P00000036215

1. Entity Name

PSYCHIATRIC & PSYCHOLOGICAL SERVICES, INC.

Principal Place of Business

1125 HWY. 98 SOUTH, SUITE 301
LAKELAND FL 33801

Mailing Address

1125 HWY. 98 SOUTH, SUITE 301
LAKELAND FL 33801

2. Principal Place of Business

1805 Hwy 98 South
Suite # 2

3. Mailing Address

1805 Hwy 98 South
Suite # 2

City & State

Lakeland, FL

City & State

Lakeland FL

Zip

33801

Country

USA

Zip

33801

Country

USA

4. FEI Number

59-363-9872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGFORD, RICHARD C
160 E. SUMMERLIN ST., SUITE 202
BARTOW FL 33830

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust-Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME John Toms Ph.d.
STREET ADDRESS 1408 North Westshore Blvd
CITY-ST-ZIP Tampa, FL 33607

TITLE ☒ Change ☐ Addition
NAME Kate Cohen Posey, MS
STREET ADDRESS 1805 Hwy 98 S. Ste 2
CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Shodhan Patel MD
STREET ADDRESS 2963 Gulf to Bay Blvd Ste 270
CITY-ST-ZIP Clearwater, FL 34619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME Kate Cohen Posey MS
STREET ADDRESS 1805 Hwy 98 S. Ste 2
CITY-ST-ZIP Lakeland, FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME John Toms, Ph.d.
STREET ADDRESS 1408 N Westshore Blvd,
CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kate Cohen Posey

Kate Cohen Posey

2/10/01

863-680-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)