

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036215

FILED
Jan 12, 2005
Secretary of State

Entity Name: PSYCHIATRIC & PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

930 ALICIA ROAD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

930 ALICIA ROAD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3639872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P/D () Delete
Name: COHEN -POSEY, KATE P/D
Address: 930 ALICIA ROAD
City-St-Zip: LAKELAND, FL 33801 US

Title: VP/D () Delete
Name: PATEL, SHODHAN VP/D
Address: 1408 WESTSHORE BLVD. STE. 502
City-St-Zip: TAMPA, FL 33607 US

Title: D/S () Delete
Name: RIES, MARIA TOMS D/S
Address: 2270 DREW STREET, STE. C
City-St-Zip: CLEARWATER, FL 33765 US

Title: T/D () Delete
Name: TOMS, JOHN T/D
Address: 1408 WESTSHORE BLVD STE. 502
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATE COHEN-POSEY

P/D

01/12/2005

Electronic Signature of Signing Officer or Director

Date