


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000036215</b>	
1. Entity Name <b>PSYCHIATRIC &amp; PSYCHOLOGICAL SERVICES, INC.</b>	

Principal Place of Business <b>930 ALICIA ROAD LAKELAND FL 33801</b>	Mailing Address <b>930 ALICIA ROAD LAKELAND FL 33801</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-3639872</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LANGFORD, RICHARD C 160 E. SUMMERLIN ST., SUITE 202 BARTOW FL 33830</b>		7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COHEN-POSEY, KATE P/D 930 ALICIA ROAD LAKELAND FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U00000409133 02/08/06-80085-021 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PATEL, SHODHAN VP/D 1408 WESTSHORE BLVD. STE. 502 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S RIES, MARIA TOMS D/S 2270 DREW STREET, STE. C CLEARWATER FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TOMS, JOHN T/D 1408 WESTSHORE BLVD STE. 502 TAMPA FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information.

**SIGNATURE:** *Kate Cohen-Posey* **01/27/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #