

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000036215

1. Entity Name
PSYCHIATRIC & PSYCHOLOGICAL SERVICES, INC.



Principal Place of Business
**930 ALICIA ROAD
LAKELAND, FL 33801**

Mailing Address
**930 ALICIA ROAD
LAKELAND, FL 33801**



02242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3639872

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

000000841024
03/07/08-80016-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	COHEN -POSEY, KATE P/D
STREET ADDRESS	930 ALICIA ROAD
CITY- ST- ZIP	LAKELAND, FL 33801
TITLE	VP/D
NAME	PATEL, SHODHAN VP/D
STREET ADDRESS	1408 WESTSHORE BLVD. STE. 502
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	D/S
NAME	RIES, MARIA TOMS D/S
STREET ADDRESS	2270 DREW STREET, STE. C
CITY- ST- ZIP	CLEARWATER, FL 33765
TITLE	T/D
NAME	TOMS, JOHN T/D
STREET ADDRESS	1408 WESTSHORE BLVD STE. 502
CITY- ST- ZIP	TAMPA, FL 33607
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:

Kate Cohen-Posey P/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2008

Date

863-680-1950

Daytime Phone #