

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036215

FILED
Jan 23, 2012
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:

PO BOX 2567
LAKELAND, FL 33806

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:

COHEN-POSEY, KATE
930 ALICIA ROAD
LAKELAND, FL 33801 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

OFFICERS AND DIRECTORS:

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

Title: VP/D
Name: PATEL, SHODHAN VP/D
Address: 32196 USHWY 19 N , STE. B
City-St-Zip: PALM HARBOR, FL 34684 US

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

Title: T/D
Name: TOMS, JOHN T/D
Address: 1211 N WESTSHORE BLVD STE. 100
City-St-Zip: TAMPA, FL 33607

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: KATE COHEN-POSEY

PRES

01/23/2012

Electronic Signature of Signing Officer or Director

Date