

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000036215

FILED  
Jan 29, 2003  
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: 2739 U.S. HIGHWAY 19, STE. 410  
City-St-Zip: HOLIDAY, FL 33765 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 N. WESTSHORE BLVD., STE. 801  
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

01/29/2003

Electronic Signature of Signing Officer or Director

Date