

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90325 050 \*\*\*150.00

DOCUMENT # P000000114868

1. Entity Name

Holistic Psychological Services Inc ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1315 N. Bronough St

3. Mailing Address

1315 N. Bronough St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee FL

4. FEI Number

59-3686130

Applied For

Not Applicable

Zip

32303

Country

LEON

Zip

32303

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John W. Scott

Street Address (P.O. Box Number is Not Acceptable)

1315 N. Bronough St

City

Tallahassee FL

FL

Zip Code

32303

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P Scott, John W Ph.D  
NAME  
STREET ADDRESS 3778 Suffolk Dr.  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S Chapman, Tommy Mac Ph.D  
NAME  
STREET ADDRESS 419 Tonlock Pl.  
CITY-ST-ZIP Tallahassee, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S Scott, Cheryl  
NAME  
STREET ADDRESS 3778 Suffolk Dr  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

205-1315

Date

Daytime Phone #

CR2E034B (12/01)