

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114868

FILED
Jul 26, 2005
Secretary of State

Entity Name: HOLISTIC PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

1315 N. BRONOUGH ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

2880 CAPITAL MEDICAL BLVD.
SUITE 2
TALLAHASSEE, FL 32308

Current Mailing Address:

1315 N. BRONOUGH ST.
TALLAHASSEE, FL 32303

New Mailing Address:

2880 CAPITAL MEDICAL BLVD.
SUITE 2
TALLAHASSEE, FL 32308

FEI Number: 59-3686130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, JOHN W
1315 N BRONOUGH ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SCOTT, JOHN W
2880 CAPITAL MEDICAL BLVD.
SUITE 2
TALLAHASSEE, FL 32308 US

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: JOHN W SCOTT

07/26/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTT, JOHN W PH.D.
Address: 3778 SUFFOLK DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: SCOTT, CHERYL
Address: 3778 SUFFOLK DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTT, JOHN W PH.D.
Address: 3778 SUFFOLK DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: T (X) Change () Addition
Name: SCOTT, CHERYL
Address: 3778 SUFFOLK DR
City-St-Zip: TALLAHASSEE, FL 32309

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: CHERYL SCOTT

T

07/26/2005

Electronic Signature of Signing Officer or Director

Date