

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P01000098542</b>                                        |  |
| 1. Entity Name<br><b>CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, INC.</b> |                                                                                   |

|                                                                               |                                                                          |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>200 NORTH PARK AVE<br/>SANFORD FL 32771</b> | Mailing Address<br><b>POST OFFICE BOX 2524<br/>SANFORD FL 32772-2524</b> |
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|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 1st MOORE                          | CR2E034 (10/07)                                        |
| 4. FEI Number<br><b>59-3377335</b> | Applied For<br><input type="checkbox"/> Not Applicable |

|                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SULT, SUSAN C<br/>200 NORTH PARK AVE<br/>SANFORD FL 32771</b> |  |
|-------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

|                                                                                                                                                                                                                               |      |
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| 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                                                                                                                                                                                                                     | DATE |

|                                                                                                                                                 |                                                                                                                       |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                             |
|------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>SULT, SUSAN C<br>200 NORTH PARK AVE<br>SANFORD FL 32771 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U000000929123<br/>05/21/08-80055-025 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                           |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |  |
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| SIGNATURE: <i>Susan C Sult PhD</i> <b>4/24/08</b> <b>(407) 330-0418</b> |
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