

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091267

FILED  
Jan 19, 2010  
Secretary of State

**Entity Name:** CENTER FOR PSYCHOTHERAPEUTIC SERVICES, INC.

**Current Principal Place of Business:**

MR. S. GOLDSTEIN  
1440 CORAL RIDGE DR. # 288  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

MR. S. GOLDSTEIN  
1440 CORAL RIDGE DR. # 288  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 13-4214070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDSTEIN, SHEPPARD  
7022 CAVIRO LANE  
BOYNTON BEACH, FL 33437 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: PSTD  
Name: GOLDSTEIN, SHEPPARD  
Address: 7022 CAVIRO LANE  
City-St-Zip: BOYNTON BEACH, FL 33437

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:** SHEPPARD GOLDSTEIN

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01/19/2010

Electronic Signature of Signing Officer or Director

Date