2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006
Secretary of State

DOCUMENT# P02000101898

Entity Name: PSYCHOLOGY AND REHABILITATION SERVICES, P.A.

Current Principal Place of Business:

3494 WEEMS RD
B-2
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

3494 WEEMS RD
B-2
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 22-3871516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, TAMMY MAE
3494 WEEMS RD
B-2
TALLAHASSEE, FL 32317 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: PVST ( ) Delete
Name: CHAPMAN, TAMMY MAE
Address: 5271 IOWA CT .
City-St-Zip: TALLAHASSEE, FL 32305

Title: D ( ) Delete
Name: CHAPMAN, TAMMY MAE
Address: 5271 IOWA CT.
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: TAMMY MAE CHAPMAN PRES 09/05/2006

Electronic Signature of Signing Officer or Director — Date