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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000101898

03 SEP 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PSYCHOLOGY AND REHABILITION SERVICES, P.A.

DO NOT WRITE IN THIS SPACE

400023451414
09/30/03--01019--020 **400.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3494 Weems Rd.	3494 Weems Rd.
Suite, Apt. #, etc. Suite B-2	Suite, Apt. #, etc. Suite B-2
City & State Tallahassee, FL.	City & State Tallahassee, FL.
Zip 32317 Country Leon	Zip 32317 Country Leon

4. FEI Number 22-3871516 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Tammy Mae Chapman

Street Address (P.O. Box Number is Not Acceptable): 3494 Weems Rd, Suite B-2

City: Tallahassee FL Zip Code: 32317

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: Tammy Mae Chapman PRES 8-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	Chapman, Tammy Mae
STREET ADDRESS	419 Tanbark Place
CITY-ST-ZIP	Tallahassee, FL. 32301
TITLE	D
NAME	Chapman, Tammy Mae
STREET ADDRESS	419 Tanbark Place
CITY-ST-ZIP	Tallahassee, FL 32301

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy Mae Chapman PRES 8-24-03 (850) 523-4261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 9/25