## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000036776

FILED Apr 23, 2008 Secretary of State

Entity Name: CHILDREN'S PSYCHOLOGICAL SERVICES CENTER, INC.

**New Principal Place of Business: Current Principal Place of Business:** 1079 CORBY CT. TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** P.O. BOX 16134 P.O. BOX 16134 TALLAHASSEE, FL 323176134 TALLAHASSEE, FL 323176134 US FEI Number: 32-0070665 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKINSON, HOLLY S 1079 CORBY CT. TALLAHASSEE, FL 32317 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: MS ( ) Delete Title: () Change () Addition DICKINSON, HOLLY S Name: Name: 1079 CORBY COURT Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: MS () Delete Title: () Change () Addition Name: MURPHY, HEATHER S Name: 9170 OLD CHEMONIE ROAD Address: Address: TALLAHASSEE, FL 32309 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HOLLY DICKINSON MS. 04/23/2008