

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165532

FILED
Jul 06, 2005
Secretary of State

Entity Name: MEDICAL AND PSYCHOLOGICAL/PSYCHIATRIC SERVICES, INC.

Current Principal Place of Business:

4625 EAST BAY DR.
SUITE 204
CLEARWATER, FL 33764

New Principal Place of Business:

224 2ND ST S.W.
WINTER HAVEN, FL 338803201 US

Current Mailing Address:

4625 EAST BAY DR.
SUITE 204
CLEARWATER, FL 33764

New Mailing Address:

224 2ND ST S.W.
WINTER HAVEN, FL 338803201 US

FEI Number: 20-1982958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, MANUEL O
400 EAST BAY DR #204
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

GOMEZ, MANUEL O
360 SANDPINE TRAIL
WINTER HAVEN, FL 33880 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: MANUEL O GOMEZ

07/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, MANUEL O
Address: 360 SAND PINE TRAIL
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: PEREZS, ERNEST J M.D.
Address: 316 LOCHEN CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

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 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 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: MANUEL O GOMEZ

P

07/06/2005

Electronic Signature of Signing Officer or Director

Date