2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

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

Current Principal Place of Business:

65 3RD ST. NW
SUITE 202
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

360 SAND PINE TRAIL
WINTER HAVEN, FL 33880 US

Current Mailing Address:

PO BOX 403
WINTER HAVEN, FL 33882 US

New Mailing Address:

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
65 3RD ST. NW
SUITE 202
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

GOMEZ, MANUEL O
360 SAND PINE 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: 01/26/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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: MANUEL O.GOMEZ CEO 01/26/2010
Electronic Signature of Signing Officer or Director Date