

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90058 007 ***150.00

DOCUMENT # P06000075465 1. Entity Name SOUTHERN PSYCHOLOGICAL SERVICES, INC.					
Principal Place of Business 1809 MICCOSUKEE COMMONS DRIVE., SUITE 108 TALLAHASSEE, FL 32308			Mailing Address 1809 MICCOSUKEE COMMONS DRIVE., SUITE 108 TALLAHASSEE, FL 32308		
2. Principal Place of Business - No P.O. Box # 5199 Icicle Hill			3. Mailing Address Suite, Apt. #, etc. 		
City & State Tallahassee, FL			City & State 		
Zip 32303		Country U.S.		4. FEI Number 20-4968387	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS DRIVE., SUITE 108 TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retreating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENK, CONSTANCE N 5199 ICICLE HILL TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Constance N. Schenk</u> Constance N. Schenk <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/10/07 229 228 1956 <small>Date Daytime Phone #</small>	