

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075465

FILED
Mar 20, 2009
Secretary of State

Entity Name: SOUTHERN PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

5199 ICILE HILL
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1809 MICCOSUKEE COMMONS DR. STE 108
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-4968387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS DRIVE., SUITE 108
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

SCHENK, CONSTANCE N
5199 ICICLE HILL
TALLAHASSEE, FL 32303 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: CONSTANCE N. SCHENK

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHENK, CONSTANCE N
Address: 5199 ICICLE HILL
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: CONSTANCE N. SCHENK

D

03/20/2009

Electronic Signature of Signing Officer or Director

Date