

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000108665

**FILED**  
**Mar 21, 2010**  
**Secretary of State**

**Entity Name:** PSYCHOLOGICAL MEDICAL SOLUTIONS, INC

**Current Principal Place of Business:**

648 N. WILSON  
SUITE C  
CRESTVIEW, FL 32536 US

**New Principal Place of Business:**

**Current Mailing Address:**

648 N. WILSON  
SUITE C  
CRESTVIEW, FL 32536 US

**New Mailing Address:**

**FEI Number:** 20-5411914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

**Title:** CEO  
**Name:** YARDLEY, THOMASYNE  
**Address:** 2735 LAKE SILVER ROAD  
**City-St-Zip:** CRESTVIEW, FL 32536 US

**Title:** COO  
**Name:** YARDLEY, LARRY  
**Address:** 2735 LAKE SILVER ROAD  
**City-St-Zip:** CRESTVIEW, FL 32536 US

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:** THOMASYNE YARDLEY

CEO

03/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date