2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# P07000088482

Entity Name: CENTRAL FLORIDA PSYCHOLOGICAL SERVICES, PA

Current Principal Place of Business:

914 KERSFIELD CR.
LAKE MARY, FL 32746 US

New Principal Place of Business:

125 WEST PINEVIEW ST.
SUITE 1005
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

914 KERSFIELD CR.
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 45-2152228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLCOMB, MARY T
914 KERSFIELD CR.
LAKE MARY, FL 32746 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOLCOMB, MARY T
Address: 914 KERSFIELD CR.
City-St-Zip: LAKE MARY, FL 32746 US

Title: TRES
Name: HOLCOMB, MARY T
Address: 914 KERSFIELD CR.
City-St-Zip: LAKE MARY, FL 32746 US

Title: SECT
Name: HOLCOMB, MARY T
Address: 914 KERSFIELD CR.
City-St-Zip: LAKE MARY, FL 32746 US

Title: DIR
Name: HOLCOMB, MARY T
Address: 914 KERSFIELD CR.
City-St-Zip: LAKE MARY, FL 32746 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: MARY T. HOLCOMB PRES 04/16/2012

Electronic Signature of Signing Officer or Director Date