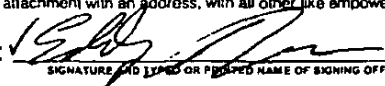


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90029 016 ***158.75

DOCUMENT # P92000009381		
1. Entity Name ASSESSMENT AND PSYCHOTHERAPY SERVICES, INC.		
Principal Place of Business 2155 MAIN ST SARASOTA, FL 34237		Mailing Address 2155 MAIN ST SARASOTA, FL 34237
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent REGNIER, EDDY 2155 MAIN STREET SARASOTA, FL 34237		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when renewing) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REGNIER, EDDY 1760 BAYVIEW DR. SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONG, ANGELA K 1760 BAYVIEW DR. SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		14-3-07 441-365-2962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone