

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                              |                                                                                      |                                                                                                                                              |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>DOCUMENT # P95000015262</b><br>1. Entity Name<br><b>PSYCHOLOGICAL HEALTH SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                              |                                                                                      |                                                            |                    |
| Principal Place of Business<br><b>745 US HWY ONE<br/>SUITE 306<br/>NORTH PALM BEACH FL 33408</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                              | Mailing Address<br><b>745 US HWY ONE<br/>SUITE 306<br/>NORTH PALM BEACH FL 33408</b> |                                                                                                                                              |                    |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                            |                                                                                                                                              |                    |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                              | City & State                                                                         |                                                                                                                                              |                    |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        | Country                                                      |                                                                                      | 4. FED Number <b>65-0571214</b>                                                                                                              |                    |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                              |                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                                        |                    |
| 6. Name and Address of Current Registered Agent<br><br><b>HEIN, STEVEN I<br/>12860 MARSH POINTE WAY<br/>PALM BEACH GARDENS FL 33418</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                              |                                                                                      | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |                    |
| 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 reconstituting)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                              |                                                                                      |                                                                                                                                              |                    |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>                                                                                                                                                                                                                                                              |                                                                                                        |                                                              |                                                                                      |                                                                                                                                              |                    |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                         |                                                                                                                                              |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>SCHULMAN, LISA DR.</b><br><b>12860 MARSH POINTE WAY</b><br><b>PALM BEACH GARDENS FL</b> | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                 |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add | <b>U00000468740</b><br><b>03/25/06-80002-002 150.00</b>                              |                                                                                                                                              |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add | <input type="checkbox"/> Change <input type="checkbox"/> Add                         |                                                                                                                                              |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add | <input type="checkbox"/> Change <input type="checkbox"/> Add                         |                                                                                                                                              |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add | <input type="checkbox"/> Change <input type="checkbox"/> Add                         |                                                                                                                                              |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Add | <input type="checkbox"/> Change <input type="checkbox"/> Add                         |                                                                                                                                              |                    |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |                                                                                                        |                                                              |                                                                                      |                                                                                                                                              |                    |
| <b>SIGNATURE: <i>Lisa Schulman</i> Lisa Schulman President</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                              | <b>3-9-06</b>                                                                        |                                                                                                                                              | <b>561844-1050</b> |