


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000015262	
1. Entity Name PSYCHOLOGICAL HEALTH SERVICES, INC.	

Principal Place of Business 745 US HWY ONE SUITE 306 NORTH PALM BEACH FL 33408	Mailing Address 745 US HWY ONE SUITE 306 NORTH PALM BEACH FL 33408
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0571214		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEIN, STEVEN I 12860 MARSH POINTE WAY PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-registering.) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P SCHULMAN, LISA DR. 12860 MARSH POINTE WAY PALM BEACH GARDENS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000639903 02/28/07-80045-014 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Lisa Schulman **Lisa Schulman** **2-5-07** **5618441050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #