2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2011
Secretary of State

DOCUMENT# P95000073177

Entity Name: ADULT AND CHILDREN PSYCHOLOGICAL SERVICES, INC.

Current Principal Place of Business:

6450 WEST 21ST COURT
207
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

6450 WEST 21ST COURT
207
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0615817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLA, LOURDES
6450 WEST 21ST COURT
STE 207
HIALEAH, FL 33016 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: P
Name: POLA, LOURDES E
Address: 6450 WEST 21ST COURT, STE 207
City-St-Zip: HIALEAH, FL 33016

Title: VP
Name: POLA, ENRIQUE
Address: 6450 WEST 21ST COURT, STE 207
City-St-Zip: HIALEAH, FL 33016

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: LOURDES POLA P 02/13/2011

Electronic Signature of Signing Officer or Director Date