

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000097872**

1. Entity Name  
PSYCH. MANAGEMENT SERVICES, INC.



Principal Place of Business  
1407 M.D. LANE  
SUITE A  
TALLAHASSEE, FL 32308

Mailing Address  
1407 M.D. LANE  
SUITE A  
TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3360152 Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUNASIFI, F.A.  
1407 M.D. LANE  
TALLAHASSEE, FL 32308

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE MD  
NAME MUNASIFI, FAISAL A  
STREET ADDRESS 2606 ARMSTRONG DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE MD  
NAME CONNIE L. SPEER  
STREET ADDRESS 1816 S. MAGNOLIA  
CITY-ST-ZIP TALLAHASSEE, FL

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:**

*Mah Faisal Munasifi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000000495078  
04/20/06-80072-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

4/4/06  
Date

Daytime Phone #