FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED FLORIDA DEPARTMENT OF STATE **FROFIT** Apr 27, 1999 8:00 am CORPORATION Katherine Harris Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 04-27-1999 90140 028 ***150.00 P96000092931 **DOCUMENT #** 1. Corporation Name Psychological Services Corp. Mailing Address Principal Place of Business 760 E. 39 St. 760 E. 39 St DO NOT WRITE IN THIS SPACE Hialeah, FL 33013 Hialeah, FL 33013 3. Date Incorporated or Qualifed 11-13-96 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. if, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 8. This corporation owes the current year Intangible Country Zip Country Zip ☐Yes □No Personal Property Tax. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent mariela Garcia -760 E. 39 St. Street Address (P.O. Box Number is Not Acceptable) Higlean, FL 33013 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. auchlis SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTOR 13. Change | Addition DELETE 1.1 TITLE mariela Garcia 12 NAME 13 STREET ADDRESS 760 E. 39 St. STREET ADDRESS Higlean, FC 32013 1 4 CITY-ST-ZIP Addition CITY-ST-Z"P Change DELETE 21 TITLE 2.2 NAME wz muhlia 2.3 STREET ADDRESS 760 E. 397 STREET ACCRESS 2. 4 CITY-ST-ZIP CITY-ST-ZP Change Addition ☐ DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET - DORESS 3.4. CITY+ST-ZIP CITY+ST-ZP Addition ☐ Change DELETE 4.1 TITLE 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP Addition CITY- \$7- 2 P Change ☐ DELETE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET - DORESS 5 4 CITY-ST-ZIP Addition Change ☐ DELETE 61 TITLE TITLE

14. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an oricer or director of the corporation or the receiver or trustee empowered to execute this report as required by Charter 607. Florida Statutes; and that my name at pears in Flook 13 or Slock 13 if changes or on an attachment with an address, with all other like empowered.

62 NAME

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

President - Mariela Garcia

12.

TITLE

NAME

TITLE

NAME

TITLE

nit: ∈

NAME

STREET FIORESS!