


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000010819 1. Entity Name PSYCHOTHERAPY SERVICES, INC.		
Principal Place of Business 150 SOUTH PARK BLVD. S 206 ST. AUGUSTINE FL 32086		Mailing Address 269 S. MATANZAS BLVD. 269 HOUSE ST. AUGUSTINE FL 32080
2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc	
City & State	City & State	
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MILLS, PAULA 269 S. MATANZAS BLVD. ST. AUGUSTINE FL 32080		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 - ST - ZIP	OSVD MILLS, PAULA 269 S. MATANZAS BLVD. ST. AUGUSTINE FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3-18-05 Daytime Phone #: 904-827-1777



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3532647** Applied For Not Applicable

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

00000271038
03/21/05-80035-004 150.00