

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010819

FILED
Mar 11, 2011
Secretary of State

Entity Name: PSYCHOTHERAPY SERVICES, INC.

Current Principal Place of Business:

4475 US.1 SOUTH
SUITE 303
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

269 S. MATANZAS BLVD.
269 HOUSE
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3532647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, PAULA
269 S. MATANZAS BLVD.
ST. AUGUSTINE, FL 32080 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: OSVD
Name: MILLS, PAULA
Address: 269 S. MATANZAS BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PT
Name: MILLS, PAULA
Address: 269 S. MATANZAS BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

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: PAULA MILLS

OSVD

03/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date