

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010819

**FILED**  
**Feb 17, 2012**  
**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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OWNE

02/17/2012

\_\_\_\_\_ Date