2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061686

Entity Name: EMOTIONAL HEALTH SERVICES, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2500 HOLLYWOOD BLVD STE 303 HOLLYWOOD, FL 33020				820 S SOUTHLAKE DRIVE HOLLYWOOD, FL 33019	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
820 S. SOUTHLAKE DR. HOLLYWOOD, FL 33019				820 S SOUTHLAKE DRIVE HOLLYWOOD, FL 33019	
FEI Number: 65-0	0853671	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DONNELLY, L 820 S. SOUTH HOLLYWOOD	ILAKE DR.	US			
The above nan in the State of F		omits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Age	ent	Date	
Election Campaig	gn Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Address: 820	ONNELLY, LAUF OS. SOUTHLAF OLLYWOOD, FL	RA L CE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURA L DONNELLY DP 03/25/2009