

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002953

Entity Name: PSI SERVICES III, INC.**Current Principal Place of Business:**3890 DUNN AVENUE WEST, SUITE 1104
JACKSONVILLE, FL 32218**Current Mailing Address:**PSI FAMILY SERVICES, INC.
7101 WISCONSIN AVENUE SUITE 1400
BETHESDA, MD 20814 US**FEI Number:** 22-3530036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEINRICHS, PATRICIA
1414 KINGSLEY AVENUE
SUITE 3
ORANGE PARK, FL 32703 US*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:** PATRICIA HEINRICHS

01/22/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR.
Name ABRAMOWITZ, ELIZABETH A
Address 7101 WISCONSIN AVENUE
SUITE 1400
City-State-Zip: BETHESDA MD 20814

Title MR
Name HOWARD, WILLIAM MR.
Address 7101 WISCONSIN AVENUE
City-State-Zip: BETHESDA MD 20814

Title MR.
Name TOLSON, VINCENT
Address 14315 WICKLOW LANE
City-State-Zip: LAUREL MD 20707

Title MR.
Name WILLIAMS, MELVIN MR.
Address 7101 WISCONSIN AVENUE
City-State-Zip: BETHESDA MD 20814

Title MRS.
Name ROMANO, NORMA .
Address 7101 WISCONSIN AVENUE
City-State-Zip: BETHESDA MD 20814

Title MR.
Name MASON, STEVE
Address 7101 WISCONSIN AVENUE
SUITE 1400
City-State-Zip: BETHESDA MD 20814

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH A. ABRAMOWITZ**OFFICER**

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date