

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000919

**FILED**  
**Apr 12, 2024**  
**Secretary of State**  
**6968682769CC**

**Entity Name:** PSYCHOSOCIAL SERVICES CENTER INC.

**Current Principal Place of Business:**

3 NORTHEAST 12TH AVENUE  
CHIEFLAND, FL 32626

**Current Mailing Address:**

3 NORTHEAST 12TH AVENUE  
CHIEFLAND, FL 32626 US

**FEI Number: 84-1838305**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SANTIAGO, LEYDA M  
3 NORTHEAST 12TH AVENUE  
CHIEFLAND, FL 32626 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SANTIAGO, LEYDA M  
Address 3 NORTHEAST 12TH AVENUE  
City-State-Zip: CHIEFLAND FL 32626

Title VP  
Name ACEVEDO MARTELL, ROBERTO  
Address 3 NE 12TH AVE. .  
City-State-Zip: CHIEFLAND FL 32626

Title TREA  
Name ACEVEDO SANTIAGO, ROBERTO  
Address 3 NORTHEAST 12TH AVENUE  
City-State-Zip: CHIEFLAND FL 32626

*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: LEYDA MARGARITA SANTIAGO**

**PRESIDENT**

**04/12/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date