

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101898

Entity Name: PSYCHOLOGY AND REHABILITATION SERVICES, P.A.

Current Principal Place of Business:

3494 WEEMS RD
B-2
TALLAHASSEE, FL 32317

Current Mailing Address:

3494 WEEMS RD
B-2
TALLAHASSEE, FL 32317

FEI Number: 22-3871516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPMAN, TAMMY MAE
3494 WEEMS RD
B-2
TALLAHASSEE, FL 32317 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 PVST
Name CHAPMAN, TAMMY MAE
Address 4231 STARGAZER TRAIL
City-State-Zip: TALLAHASSEE FL 32309

Title D
Name CHAPMAN, TAMMY MAE
Address 4231 STARGAZER TRAIL
City-State-Zip: TALLAHASSEE FL 32309

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: TAMMY MAE CHAPMAN, PH.D.

PRESIDENT

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date