

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000025587

**Entity Name:** PSYCH ME HEALTH SERVICES INC

**Current Principal Place of Business:**

4311 W WATERS AVENUE  
304B  
TAMPA, FL 33614

**Current Mailing Address:**

2313 W ABDELLA STREET  
TAMPA, FL 33607

**FEI Number:** 92-3363041

**Certificate of Status Desired:** No

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

HERNANDEZ CARRAZANA, ISMARA  
2313 W ABDELLA STREET  
TAMPA, FL 33607 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 HERNANDEZ CARRAZANA, ISMARA  
Address 2313 W ABDELLA STREET  
City-State-Zip: TAMPA FL 33607

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:** ISMARA HERNANDEZ CARRAZANA

CEO

02/10/2025

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

\_\_\_\_\_  
Date