

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000000311

**FILED**  
**Mar 03, 2017**  
**Secretary of State**  
**CC6200894035**

**Entity Name:** PSYCHOTHERAPEUTIC MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

870 HIGH STREET  
SUITE 2  
CHESTERTOWN, MD 21620

**Current Mailing Address:**

870 HIGH STREET  
SUITE 2  
CHESTERTOWN, MD 21620

**FEI Number:** 52-1750623

**Certificate of Status Desired:** No

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

BLAIR, ALBERT EESQ.  
241 SEVILLA AVENUE, PH2  
CORAL GABLES, FL 33134 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 CP  
Name CHERREY, JONES D  
Address 870 HIGH STREET, SUITE 2  
City-State-Zip: CHESTERTOWN MD 21620

Title VCVS  
Name WOLF, RALPH SD.O.  
Address 870 HIGH STREET, SUITE 2  
City-State-Zip: CHESTERTOWN MD 21620

Title DT  
Name COOPER, RANDALL L  
Address 870 HIGH STREET, SUITE 2  
City-State-Zip: CHESTERTOWN MD 21620

*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:** RANDALL COOPER

**CFO**

**03/03/2017**

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

\_\_\_\_\_  
Date