# Entity Name: PSYCHOTHERAPEUTIC MANAGEMENT SERVICES, INC.

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

870 HIGH STREET SUITE 2 CHESTERTOWN, MD 21620

DOCUMENT# F0000000311

### **Current Mailing Address:**

870 HIGH STREET SUITE 2 CHESTERTOWN, MD 21620

## FEI Number: 52-1750623

### 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

#### **Officer/Director Detail :**

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

CFO

#### SIGNATURE: RANDALL COOPER

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

01/26/2016 Date

Date