

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001547

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**3124297821CC**

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

**Current Principal Place of Business:**

870 HIGH STREET  
CHESTERTOWN, MD 21629

**Current Mailing Address:**

870 HIGH STREET  
CHESTERTOWN, MD 21629 US

**FEI Number:** 52-1586206

**Certificate of Status Desired:** No

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

WASIELEWSKI, GRACE  
9694 BLUE STONE CIRCLE  
FT MYERS, FL 33913 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	JONES, D. CHERRY
Address	326 STIRRUP KEY BLVD
City-State-Zip:	MARATHON FL 33050
Title	T
Name	COOPER, RANDALL
Address	870 HIGH STREET
City-State-Zip:	CHESTERTOWN MD 21629

Title	VP
Name	WOLF, RALPH
Address	125 E MERRITT ISLAND CSWV STE 209
City-State-Zip:	MERRITT ISLAND FL 32952-3680

*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**

**02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date