

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000006326

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

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC2300491220**

**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: 52-1946690**

**Certificate of Status Desired: No**

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

BLAIR, ALBERT EESQ  
CONROY, SIMBERG  
3440 HOLLYWOOD BLVD 2ND FLOOR  
HOLLYWOOD, FL 33021 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 JONES, CHERREY D  
Address 870 HIGH STREET, SUITE 2  
City-State-Zip: CHESTERTOWN MD 21620

Title CVS  
Name WOLF, RALPH S  
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**

**04/29/2016**

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

\_\_\_\_\_  
Date