

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006326

Entity Name: PSYCHOTHERAPEUTIC SERVICES OF FLORIDA, 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: 52-1946690

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 OLIVER, ERIN E
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: ERIN OLIVER

TREASURER

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date