

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053357

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** FLORIDA MEDICAL PSYCHOLOGY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

12167 W. LINEBAUGH AVE.  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

12167 W. LINEBAUGH AVE.  
TAMPA, FL 33626 US

**New Mailing Address:**

**FEI Number:** 06-1779303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RODRIGUEZ, MARIO S  
14627 VILLAGE GLEN CIRCLE  
TAMPA, FL 33618 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRIEDMAN & RODRIGUEZ PSYCHOLOGY ASSOCIATES  
Address: 13014 NORTH DALE MABRY HIGHWAY, STE. 123  
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM ( ) Delete  
Name: KALY PSYCHOLOGICAL SERVICES, INC.  
Address: 325 MEADOW BROOK COURT  
City-St-Zip: OLDSMAR, FL 34677 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRIEDMAN & RODRIGUEZ PSYCHOLOGY ASSOCIATES  
Address: 14627 VILLAGE GLEN CIRCLE  
City-St-Zip: TAMPA, FL 33618 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIO S. RODRIGUEZ

DR.

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date