

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056817

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: FLORIDA PSYCHOLOGICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

1127 SOUTH PATRICK DRIVE  
SUITE 1  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

1127 SOUTH PATRICK DRIVE  
SUITE 1  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 14-2000565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BENNETT, DEMARA B DR  
405 NORTH LAKESIDE DRIVE  
SATELLITE BEACH, FL 32937      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: MGR ( ) Delete  
Name: BENNETT, DAMARA B DR  
Address: 405 NORTH LAKESIDE DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: BENNETT, MATTHEW  
Address: 405 NORTH LAKESIDE DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BENNETT, DEMARA B DR  
Address: 405 NORTH LAKESIDE DRIVE  
City-St-Zip: SATELLITE BEACH, FL 32937

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: DEMARA B. BENNETT      DR.      04/08/2009

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