
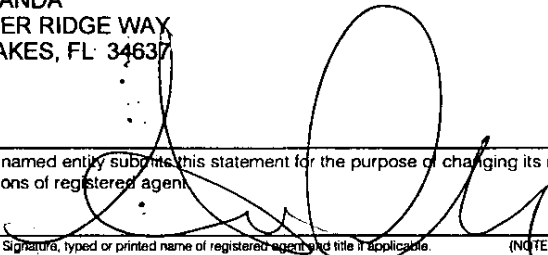


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90036 009 ***138.75

DOCUMENT # L07000096059			
1. Entity Name CLINICIAN COGNITION L.L.C.			
Principal Place of Business 7045 TIMBER RIDGE WAY LAND O LAKES, FL 34637		Mailing Address 7045 TIMBER RIDGE WAY LAND O LAKES, FL 34637	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAY, AMANDA 7045 TIMBER RIDGE WAY LAND O LAKES, FL 34637		Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.		DATE: 4/30/08	
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)	

60039092



04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number	02-083926	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required	

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAY, AMANDA 7045 TIMBER RIDGE WAY LAND O LAKES, FL 34637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUPP, ROBIN 7045 TIMBER RIDGE WAY LAND O LAKES, FL 34637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABRAHAM, WILLIAM 7045 TIMBER RIDGE WAY LAND O LAKES, FL 34637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 