

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: PEDIATRIC PSYCHOLOGY ASSOCIATES, P.L.

Current Principal Place of Business:

19022 NE 29TH AVENUE
AVENTURA, FL 33180

New Principal Place of Business:

2925 AVENTURA BLVD.
SUITE 300
AVENTURA, FL 33180

Current Mailing Address:

19022 NE 29TH AVENUE
AVENTURA, FL 33180

New Mailing Address:

2925 AVENTURA BLVD.
SUITE 300
AVENTURA, FL 33180

FEI Number: 27-0556639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLODIG, GREGORY J ESQ
GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE, FL 33309 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
Name: CARELLA, SAMANTHA PSY.D.
Address: 2925 AVENTURA BLVD., SUITE 300
City-St-Zip: AVENTURA, FL 33180

Title: MGR
Name: MIGOYA, JUDITH PSY.D.
Address: 2925 AVENTURA BLVD., SUITE 300
City-St-Zip: AVENTURA, FL 33180

Title: MGR
Name: MACCARRONE, NICHOLAS PSY.D.
Address: 2925 AVENTURA BLVD., SUITE 300
City-St-Zip: AVENTURA, FL 33180

I hereby 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: JUDITH MIGOYA

DR.

01/04/2011

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