

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000082929

FILED
Mar 15, 2010
Secretary of State

Entity Name: SOUTH FLORIDA COMPREHENSIVE PSYCHOLOGY, LLC

Current Principal Place of Business:

7469 NW 4TH STREET
PLANTATION, FL 33317 US

New Principal Place of Business:

5079 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463 US

Current Mailing Address:

5079 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463

New Mailing Address:

5079 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463 US

FEI Number: 27-0824323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIFANO, AUTUMN L DR.
5079 NAUTICA LAKE CIRCLE
GREENACRES, FL 33463 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: PRES
Name: CALIFANO, AUTUMN L DR.
Address: 5079 NAUTICA LAKE CIRCLE
City-St-Zip: GREENACRES,, FL 33463 US

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: AUTUMN L CALIFANO

PRES

03/15/2010

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