

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052843

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** DR. NYDIA CONRAD: COUNSELING AND PSYCHOLOGICAL ASSESSMENT SERVICES LLC

**Current Principal Place of Business:**

3848 FLATIRON LOOP, STE. 102  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

3848 FLATIRON LOOP, STE. 101  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

5050 17TH STREET  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 27-2547798      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CONRAD, NYDIA DR  
5050 17TH STREET  
ZEPHYRHILLS, FL 33542      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:** CONRAD, NYDIA DR  
**Address:** 5050 17TH STREET  
**City-St-Zip:** ZEPHYRHILLS, FL 33542

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: DR NYDIA CONRAD      MGR      02/16/2011

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