

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000052843

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3737 MARYWEATHER LN SUITE 102  
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: NYDIA CONRAD

DR

04/16/2012

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