

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000026733

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** LOVELL-GLASER BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

11258 COIMBRA LANE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

11258 COIMBRA LANE  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 27-5311819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVID S. GED, PA  
6622 WILLOW PARK DRIVE  
202  
NAPLES, FL 34109 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: MGRM  
Name: LOVELL, LAUREN A  
Address: 1225 SW 34TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM  
Name: GLASER, WILLIAM L  
Address: 11258 COIMBRA LANE  
City-St-Zip: BONITA SPRINGS, FL 34135 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: WILLIAM L. GLASER

MGRM

05/01/2012

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