

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 1:58 22 3/5	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company PSYCHOLOGICAL ALLIANCE, P.L. 7501 NORTHWEST 4TH STREET, STE. 202 PLANTATION FL 33317				DOCUMENT # L95000000560 1a. Principal Place of Business Address 7501 NORTHWEST 4TH STREET, S PLANTATION FL 33317			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 07/24/1995		3a. State of Formation FL	
				4. FEI Number 65-0595442		☐ Applied For ☐ Not Applicable	
				5. Date of Last Report 04/08/1997		6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent WORSNOP, CAMILLE L 305 SOUTH ANDREWS AVE., STE. 720 FT. LAUDERDALE FL 33301				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____							
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MEM	HOHNECKER, LAURA C	7501 NORTHWEST 4TH STREET,		PLANTATION FL			
MGRM	WARTENBERG, CAROL	7501 NORTHWEST 4TH STREET,		PLANTATION FL			
MEM	BRIDEWATER, LISA G	7501 N.W. 4TH STREET, SUIT		PLANTATION FL			
200002449832--S -03/09/98--01003--011 ****188.75 ****188.75							
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: <u>Carol Wartenberg</u> 2/27/98 954-584-6044 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #							