

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053357

**Entity Name:** FLORIDA MEDICAL PSYCHOLOGY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

12167 W. LINEBAUGH AVE.  
TAMPA, FL 33626

**Current Mailing Address:**

12167 W. LINEBAUGH AVE.  
TAMPA, FL 33626 US

**FEI Number:** 06-1779303

**Certificate of Status Desired:** No

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

RODRIGUEZ, MARIO S  
14627 VILLAGE GLEN CIRCLE  
TAMPA, FL 33618 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name FRIEDMAN & RODRIGUEZ  
PSYCHOLOGY ASSOCIATES  
Address 14627 VILLAGE GLEN CIRCLE  
City-State-Zip: TAMPA FL 33618

Title MGRM  
Name KALY PSYCHOLOGICAL SERVICES,  
INC.  
Address 325 MEADOW BROOK COURT  
City-State-Zip: OLDSMAR FL 34677

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO RODRIGUEZ

**MANAGING PARTNER**

**01/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date