

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000068106

Entity Name: PEDIATRIC PSYCHOLOGY ASSOCIATES, P.L.

Current Principal Place of Business:

2925 AVENTURA BLVD.
SUITE 300
AVENTURA, FL 33180

Current Mailing Address:

2925 AVENTURA BLVD.
SUITE 300
AVENTURA, FL 33180

FEI Number: 27-0556639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLODIG, GREGORY JESQ
GREENSPOON MARDER, P.A.
100 W. CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE, FL 33309 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 MGR
Name CARELLA, SAMANTHA PSY.D.
Address 2925 AVENTURA BLVD., SUITE 300
City-State-Zip: AVENTURA FL 33180

Title MGR
Name MIGOYA, JUDITH PSY.D.
Address 2925 AVENTURA BLVD., SUITE 300
City-State-Zip: AVENTURA FL 33180

Title MGR
Name MACCARRONE, NICHOLAS PSY.D.
Address 2925 AVENTURA BLVD., SUITE 300
City-State-Zip: AVENTURA FL 33180

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: JUDITH MIGOYA

MANAGER

04/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date