

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070073

**Entity Name:** PRIMARY PSYCHOLOGY OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

5025 S ORANGE AVE  
STE 201  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 700386  
ST CLOUD, FL 34770 US

**FEI Number:** 46-2758854

**Certificate of Status Desired:** No

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

SANTOS, YAMILA  
5025 S ORANGE AVE  
STE 201  
ORLANDO, FL 32809 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 SANTOS, YAMILA  
Address PO BOX 700386  
City-State-Zip: ST CLOUD FL 34770

*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:** YAMILA SANTOS

MGRM

03/21/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date