

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90196 008 ****50.00

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1. Entity Name
**TURNING POINT CENTER FOR PSYCHOLOGICAL AND
FAMILY GROWTH, L.L.C.**



Principal Place of Business
**124 E. MIRACLE STRIP PKWY
MARY ESTHER, FL 32569**

Mailing Address
**124 E. MIRACLE STRIP PKWY
MARY ESTHER, FL 32569**

20007766



01162005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A
36468 EMERALD COAST PARKWAY
SUITE 2101
DESTIN, FL 32544**

*385 Hwy 98
Suite 220
Destin, FL
32540*

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revalidating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, D'LANE S PHD 404 BARATARIA LN FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCAULIFFE, MARANNE C LCSW 7 CADELLA ST CAMELIA ST GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANDLER, EDWARD W PHD 404 BARATARIA LN FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

Edward Chandler PhD

Edward Chandler PhD 1/23/06 850 243-8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #