

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009602

FILED  
Jan 23, 2008  
Secretary of State

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

**Current Principal Place of Business:**

124 E. MIRACLE STRIP PKWY  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

124 E. MIRACLE STRIP PKWY  
SUITE 302  
MARY ESTHER, FL 32569

**Current Mailing Address:**

124 E. MIRACLE STRIP PKWY  
MARY ESTHER, FL 32569

**New Mailing Address:**

124 E. MIRACLE STRIP PKWY  
SUITE 302  
MARY ESTHER, FL 32569

**FEI Number:** 59-3736816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAUGHT, BRUCE A  
385 HWY 98 STE 220  
DESTIN, FL 32540 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MILLER, D'LANE S PHD  
Address: 404 BARATARIA LN  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MGR ( ) Delete  
Name: MCAULIFFE, MARANNE C LCSW  
Address: 7 CAMELIA ST  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR ( ) Delete  
Name: CHANDLER, EDWARD W PHD  
Address: 404 BARATARIA LN  
City-St-Zip: FT. WALTON BEACH, FL 32547

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: D'LANE S. MILLER

DR.

01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date