2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000016369

1. Entity Name

SARASOTA PSYCHOTHERAPY ASSOCIATES, L.L.C.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

2477 STICKNEY PT. RD.

SUITE 115B

SARASOTA, FL 34231

Mailing Address

2477 STICKNEY PT. RD.

SUITE 115B

SARASOTA, FL 34231



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 65-1149439 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CARLSON, JANET 2477 STICKNEY PT. RD. SUITE 115B SARASOTA, FL 34236

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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 reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000936613 05/27/08-80018-008 138.75

MANAGING MEMBERS/MANAGERS 9. TITLE М CARLSON, JANET NAME 2477 STICKENY PT. RD. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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