

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016369

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** SARASOTA PSYCHOTHERAPY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

2477 STICKNEY PT. RD.  
SUITE 115B  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2477 STICKNEY PT. RD.  
SUITE 115B  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 65-1149439

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

VAN HELDEN, ISA  
2477 STICKNEY PT. RD.  
SUITE 115B  
SARASOTA, FL 34236 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:** ISA VAN HELDEN

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** M ( ) Delete  
**Name:** CARLSON, JANET  
**Address:** 2477 STICKNEY PT. RD.  
**City-St-Zip:** SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** VAN HELDEN, ISA  
**Address:** 2477 STICKNEY PT. RD.  
**City-St-Zip:** SARASOTA, FL 34231

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:** ISA VAN HELDEN

MGRM

04/23/2009

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