

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021761

FILED
Jan 04, 2005
Secretary of State

Entity Name: DONNA E. WEISS, PSY.D., L.L.C

Current Principal Place of Business:

915 MIDDLE RIVER DRIVE
SUITE 401
FORT LAUDERDALE, FL 33304

Current Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE 401
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

915 MIDDLE RIVER DRIVE
SUITE 517
FORT LAUDERDALE, FL 33304

New Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE 517
FORT LAUDERDALE, FL 33304

FEI Number: 80-0004761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, DONNA E
915 MIDDLE RIVER DRIVE
SUITE 401
FORT LAUDERDALE, FL 33160 US

Name and Address of New Registered Agent:

WEISS, DONNA E
915 MIDDLE RIVER DRIVE
SUITE 517
FORT LAUDERDALE, FL 33160 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: DONNA E. WEISS

01/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WEISS, DONNA E
Address: 915 MIDDLE RIVER DRIVE, SUITE 401
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEISS, DONNA E
Address: 915 MIDDLE RIVER DRIVE, SUITE 517
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA E. WEISS

MGR

01/04/2005

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