

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000004094

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** FRAHM PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

300 SOUTH PINE ISLAND ROAD  
SUITE # 235  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 16808  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 71-0931489      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FRAHM, STEVEN P  
8218 NW 9TH COURT  
PLANTATION, FL 33324      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FRAHM, STEVEN P DR  
**Address:** 8218 NW 9TH COURT  
**City-St-Zip:** PLANTATION, FL 33324 US

I hereby 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: STEVEN P FRAHM

MGRM

05/06/2010

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