

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016159

**FILED**  
**Jan 16, 2005**  
**Secretary of State**

**Entity Name:** PRIMARY CARE PSYCHOLOGY, PLC

**Current Principal Place of Business:**

1990 NORTH FEDERAL HIGHWAY  
SUITE B  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

1990 N. FEDERAL HIGHWAY  
SUITE C  
POMPANO BEACH, FL 33062 US

**Current Mailing Address:**

1990 NORTH FEDERAL HIGHWAY  
SUITE B  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

1990 N. FEDERAL HIGHWAY  
SUITE C  
POMPANO BEACH, FL 33062 US

**FEI Number:** 33-1055922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRISTIANO, MICHAEL DR.  
1990 NORTH FEDERAL HIGHWAY  
SUITE B  
POMPANO BEACH, FL 33062 US

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

CRISTIANO, MICHAEL DR.  
1990 N. FEDERAL HIGHWAY  
SUITE C  
POMPANO BEACH, FL 33062 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:**

01/16/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** CRISTIANO, MICHAEL DR.  
**Address:** 1990 NORTH FEDERAL HIGHWAY, SUITE B  
**City-St-Zip:** POMPANO BEACH, FL 33062 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CRISTIANO, MICHAEL DR.  
**Address:** 1990 N. FEDERAL HIGHWAY, SUITE C  
**City-St-Zip:** POMPANO BEACH, FL 33062 US

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:** DR. MICHAEL CRISTIANO

MGR

01/16/2005

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