

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016159

FILED
Jan 06, 2006
Secretary of State

Entity Name: PRIMARY CARE PSYCHOLOGY, PLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. MICHAEL CRISTIANO

MGR

01/06/2006

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