

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 11, 2011
Secretary of State**

DOCUMENT# L03000016159

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
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 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 02/11/2011

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