


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000036960 1. Entity Name PALM BEACH PSYCH.SERVICES, LLC		
Principal Place of Business FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409	Mailing Address FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GAUDREAU, LOUISE P PH.D. FIVE HARVARD CIRCLE W. PALM BEACH, FL 33409		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
1100000413871 02/11/06-80012-015 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXAKIS-LANIGAN, YIAOULA FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, MARY ANN K FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAUDREAU, LOUISE P FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESSNER, ERIC L FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Louise P. Gaudreau Ph.D. LOUISE P. GAUDREAU</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date <u>1/26/05</u> Daytime Phone # <u>561-242-1744</u>		



01232006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
86-1083223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required