


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90358 017 \*\*\*\*50.00

<b>DOCUMENT # L03000036960</b>	
1. Entity Name <b>PALM BEACH PSYCH.SERVICES, LLC</b>	

Principal Place of Business <b>FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH FL 33409</b>	Mailing Address <b>FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH FL 33409</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>86-1083223</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>

1st MOORE CR2E083 (10/06)



6. Name and Address of Current Registered Agent  <b>GAUDREAU, LOUISE P PH.D. FIVE HARVARD CIRCLE W. PALM BEACH FL 33409</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>P</b> <b>ALEXAKIS-LANIGAN, YIANOULA</b> <b>FIVE HARVARD CIRCLE - SUITE 109</b> <b>WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HUNT, MARY ANN K</b> <b>FIVE HARVARD CIRCLE - SUITE 109</b> <b>WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>T</b> <b>GAUDREAU, LOUISE P</b> <b>FIVE HARVARD CIRCLE - SUITE 109</b> <b>WEST PALM BEACH FL 33409</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>D</b> <b>RESSNER, ERIC L</b> <b>FIVE HARVARD CIRCLE - SUITE 109</b> <b>WEST PALM BEACH FL 33409</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Louise P. Gaudreau* **LOUISE P. GAUDREAU** 7/05/07 561-242-1744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #