2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

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Entity Name: THE GROUP FOR PSYCHIATRY, PSYCHOLOGY AND WELLNESS, L.L.C.

Current Principal Place of Business:

1555 HOWELL BRANCH ROAD, STE 8-4
WINTER PARK, FL 32789 US

New Principal Place of Business:

1555 HOWELL BRANCH ROAD, STE B-4
WINTER PARK, FL 32789 US

Current Mailing Address:

1555 HOWELL BRANCH ROAD, STE 8-4
WINTER PARK, FL 32789 US

New Mailing Address:

1555 HOWELL BRANCH ROAD, STE B-4
WINTER PARK, FL 32789 US

FEI Number: 20-0771070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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: MULLER, WALTER J
Address: 1555 HOWELL BRANCH RD, STE 8-4
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR ( ) Delete
Name: CUCUEL, GINI W
Address: 1555 HOWELL BRANCH RD B-4
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: DERITA, MARTIN
Address: 1555 HOWELL BRANCH RD B-4
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: GRIMM, DAVID
Address: 1555 HOWELL BRANCH RD B-4
City-St-Zip: WINTER PARK, FL 32789

Title: MGR ( ) Delete
Name: SARKAR, PATRICIA A
Address: 1555 HOWELL BRANCH RD B-4
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MULLER, WALTER J
Address: 1555 HOWELL BRANCH RD, STE B-4
City-St-Zip: WINTER PARK, FL 32789 US

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

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

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

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: WALTER J. MULLER MGR 04/27/2006

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