

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025106

FILED
Jul 20, 2005
Secretary of State

Entity Name: GULF COAST PSYCHOLOGY, P.L.

Current Principal Place of Business:

501 GOODLETTE ROAD NORTH, SUITE C-110
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

501 GOODLETTE ROAD NORTH, SUITE C-110
NAPLES, FL 34102

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GROUT, CHRISTINE B PH.D.
501 GOODLETTE ROAD NORTH, SUITE C-110
NAPLES, FL 34102 US

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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GROUT, CHRISTINE B PH.D.
Address: 501 GOODLETTE ROAD NORTH, SUITE C-110
City-St-Zip: NAPLES, FL 34102

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 Section 119.07(3)(i), 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: CHRISTINE B. GROUT

MGRM

07/20/2005

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