

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90024 028 ****50.00

DOCUMENT # L04000025106

1. Entity Name

GULF COAST PSYCHOLOGY, P.L.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **GROUT, CHRISTINE B PH.D.**
STREET ADDRESS **501 GOODLETTE ROAD NORTH, SUITE C-110**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/06 239 597-7891