2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

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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:

235 CENTER STREET
NAPLES, FL 34108

Current Mailing Address:

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

New Mailing Address:

235 CENTER STREET
NAPLES, FL 34108

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GROUT, CHRISTINE B PH.D.
235 CENTER STREET
NAPLES, FL 34108 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: CHRISTINE B. GROUT, PH. D 04/25/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GROUT, CHRISTINE B PH.D.
Address: 235 CENTER STREET
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE B. GROUT, PH. D MGRM 04/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date