

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042056

Entity Name: DAVID CARTER, PSY.D, PLLC

FILED  
Mar 06, 2005  
Secretary of State

**Current Principal Place of Business:**

1133 LOUISIANA AVENUE, SUITE 206  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1133 LOUISIANA AVENUE, SUITE 206  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 86-1107508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREY, JULIA L  
215 N. EOLA DRIVE  
ORLANDO, FL 32801 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CARTER, DAVID J PSY.D.  
Address: 1151 MAYFIELD AVE  
City-St-Zip: WINTER PARK, FL 32789

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: /DAVID CARTER/

MGR

03/06/2005

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