

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 17, 2009  
Secretary of State**

DOCUMENT# L04000042056

Entity Name: DAVID CARTER, PSY.D, PLLC

**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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

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

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: DAVID J. CARTER

MGRM

02/17/2009

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