

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053610

FILED
Jan 08, 2007
Secretary of State

Entity Name: FORENSIC PSYCHOLOGY & TRAUMA, L.L.C.

Current Principal Place of Business:

GALLERIA PROFESSIONAL BUILDING
915 MIDDLE RIVER DRIVE, SUITE 517
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

GALLERIA PROFESSIONAL BUILDING
915 MIDDLE RIVER DRIVE, SUITE 517
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 80-0004761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, DONNA E DR.
GALLERIA PROFESSIONAL BUILDING
915 MIDDLE RIVER DRIVE, SUITE 517
FORT LAUDERDALE, FL 33304 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: MGR () Delete
Name: WEISS, DONNA E DR.
Address: 915 MIDDLE RIVER DRIVE, SUITE 517
City-St-Zip: FORT LAUDERDALE, FL 33304

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 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: DR. DONNA E. WEISS

MGR

01/08/2007

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