

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053610

FILED
Mar 20, 2009
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:

Name and Address of New Registered Agent:

WEISS, DONNA E DR.
GALLERIA PROFESSIONAL BUILDING
915 MIDDLE RIVER DRIVE, SUITE 517
FORT LAUDERDALE, FL 33304 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

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

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: DONNA E. WEISS

MGR

03/20/2009

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