

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058639

FILED
May 04, 2005
Secretary of State

Entity Name: CLCM CLINICAL COUNSELING LLC

Current Principal Place of Business:

14806 CLARENDON DRIVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

14806 CLARENDON DRIVE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 20-1464394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CLEMENTS-MILLER, CINDY L
14806 CLARENDON DRIVE
TAMPA, FL 33624 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/MEMBERS:

Title: MGR () Delete
Name: CLEMENTS-MILLER, CINDY L
Address: 14806 CLARENDON DRIVE
City-St-Zip: TAMPA, FL 33624

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 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: CINDY CLEMENTS-MILLER

MGR

05/04/2005

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