

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059448

FILED
Jan 23, 2009
Secretary of State

Entity Name: ASSOCIATES IN FAMILY PSYCHOLOGY, PL

Current Principal Place of Business:

6150 DIAMOND CENTRE CT.
SUITE 1003
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTRE CT.
SUITE 1003
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-1628542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, JOSHUA G
6150 DIAMOND CENTRE CT
SUITE 1003
FORT MYERS, FL 33912 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: MYERS, JOSHUA G DR.
Address: 6150 DIAMOND CENTRE CT. SUITE 1003
City-St-Zip: FORT MYERS, FL 33912 US

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

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

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: CHROVIAN, SHARON DR
Address: 6150 DIAMOND CENTRE COURT SUITE 1003
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR () Change (X) Addition
Name: MULHOLLAND, AMY M DR
Address: 6150 DIAMOND CENTRE COURT SUITE 1003
City-St-Zip: FORT MYERS, FL 33912 US

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: AMY M MULHOLLAND

MGR

01/23/2009

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