

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059448

**FILED**  
**Jan 05, 2010**  
**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:**

MULHOLLAND, AMY M  
6150 DIAMOND CENTRE CT  
SUITE 1003  
FORT MYERS, FL 33912 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: AMY M. MULHOLLAND

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGR  
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 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. AMY M. MULHOLLAND

MGR

01/05/2010

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