

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059448

FILED
Jan 11, 2011
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:

13430 PARKER COMMONS BLVD
SUITE 101
FORT MYERS, FL 33912

Current Mailing Address:

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

New Mailing Address:

13430 PARKER COMMONS BLVD
SUITE 101
FORT MYERS, FL 33912

FEI Number: 20-1628542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MULHOLLAND, AMY M
13430 PARKER COMMONS BLVD
SUITE 101
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 MULHOLLAND, PH.D.

01/11/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CALKINS, CORI DR.
Address: 13430 PARKER COMMONS BLVD, #101
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR
Name: CHROVIAN, SHARON DR
Address: 13430 PARKER COMMONS BLVD, #101
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGR
Name: MULHOLLAND, AMY M DR
Address: 13430 PARKER COMMONS BLVD, #101
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: AMY MULHOLLAND, PHD

MGR

01/11/2011

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