

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020740

FILED
Feb 14, 2006
Secretary of State

Entity Name: JUNE D. SPIRER, PSY.D., PLLC

Current Principal Place of Business:

GLADES/ST. ANDREWS PROFESSIONAL CENTER
2499 GLADES RD. SUITE 201
BOCA RATON, FL 33431

New Principal Place of Business:

GLADES/ST. ANDREWS PROFESSIONAL CENTER
2499 GLADES RD. SUITE 313
BOCA RATON, FL 33431

Current Mailing Address:

GLADES/ST. ANDREWS PROFESSIONAL CENTER
2499 GLADES RD. SUITE 201
BOCA RATON, FL 33431

New Mailing Address:

3299 HARRINGTON DRIVE
BOCA RATON, FL 33496

FEI Number: 20-2619865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAYMAN, CARYN J ESQ.
THOMAS C. WALSER, PA
7015 BERACASA WAY, STE 201
BOCA RATON, FL 33433 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: MGRM () Delete
Name: SPIRER, JUNE D DR.
Address: 3299 HARRINGTON DR.
City-St-Zip: BOCA RATON, FL 33496

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 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: JUNE D. SPIRER

MGR

02/14/2006

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