2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2007
Secretary of State

DOCUMENT# L05000033669

Entity Name: ARBOR PSYCHOLOGICAL SERVICES LLC

Current Principal Place of Business:

9116 SW 51ST RD.
SUITE 103-C
GAINESVILLE, FL 32608 US

New Principal Place of Business:

5318 SW 9ST TERRACE
SUITE B
GAINESVILLE, FL 32608 US

Current Mailing Address:

9116 SW 51ST RD.
SUITE 103-C
GAINESVILLE, FL 32608 US

New Mailing Address:

5318 SW 91ST TERRACE
SUITE B
GAINESVILLE, FL 32608 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

SACKELLARES, J. CHRIS
9841 SW 55TH RD.
GIANESVILLE, FL 32608 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: SACKELLARES, J. CHRIS
Address: 9841 SW 55TH RD
City-St-Zip: GAINESVILLE, FL 32608 US

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 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: J. CHRIS SACKELLARES MGR 06/10/2007

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