

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000033669

FILED
Oct 27, 2008
Secretary of State

Entity Name: ARBOR PSYCHOLOGICAL SERVICES LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SACKELLARES, J. CHRIS
9841 SW 55TH RD.
GAINESVILLE, 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: J. CHRIS SACKELLARES

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

DR.

10/27/2008

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