

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060524

FILED
Sep 03, 2009
Secretary of State

Entity Name: FORENSIC PSYCHOLOGY GROUP, LLC

Current Principal Place of Business:

3860 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021

New Principal Place of Business:

3900 GALT OCEAN DRIVE
APT #1417
FORT LAUDERDALE, FL 33308

Current Mailing Address:

3860 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021

New Mailing Address:

PO BOX 480699
FORT LAUDERDALE, FL 33348 US

FEI Number: 20-3048659 FEI Number Applied For () FEI Number Not Applicable () 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:

WALKER & ASSOCIATES, LLC
3860 SHERIDAN STREET
SUITE A
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

WALKER, LENORE E MNG
3900 GALT OCEAN DRIVE
APT 1417
FORT LAUDERDALE, FL 33308 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: LENORE E. WALKER

09/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WALKER & ASSOCIATES, LLC
Address: 3860 SHERIDAN STREET, SUITE A
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Delete
Name: DR. DAVID L. SHAPIRO, LLC
Address: 3860 SHERIDAN STREET, SUITE A
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WALKER & ASSOCIATES, LLC
Address: 3900 GALT OCEAN DRIVE, #1417
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGR (X) Change () Addition
Name: DR. DAVID L. SHAPIRO, LLC
Address: 3900 GALT OCEAN DRIVE, #1417
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: LENORE E. WALKER

DR.

09/03/2009

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