

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000067969**

1. Entity Name  
AUTISM EARLY INTERVENTION CLINICS, LLC



Principal Place of Business  
8950 DR ML KING STREET N, STE 170  
ST. PETERSBURG, FL 33702 US

Mailing Address  
8950 DR ML KING STREET N, STE 170  
ST. PETERSBURG, FL 33702 US



03112007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-4577173

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VAN HAAREN, FRANS  
8665 GLEN LAKES BLVD  
ST. PETERSBURG, FL 33702

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resetting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                |                          |
|----------------|--------------------------|
| TITLE          | MGRM                     |
| NAME           | VAN HAAREN, FRANS        |
| STREET ADDRESS | 8665 GLEN LAKES BLVD     |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33702 |
| TITLE          | MGRM                     |
| NAME           | TYSON, KAREN             |
| STREET ADDRESS | 8665 GLEN LAKES BLVD     |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33702 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

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03/27/07-80048-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/12/2007 727 5767600

Date

Daytime Phone #