

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114327

**FILED**  
**Mar 14, 2006**  
**Secretary of State**

**Entity Name:** PSYCHOLOGICAL CARE AND CONSULTATION, LLC

**Current Principal Place of Business:**

2169 NW 87TH TERRACE  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

2169 NW 87TH TERRACE  
GAINESVILLE, FL 32606

**New Mailing Address:**

P. O. BOX 358372  
GAINESVILLE, FL 326358372

FEI Number: 01-0850834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAKALLA, KHALIL A  
2169 NW 87TH TERRACE  
GAINESVILLE, FL 32606 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: SAKALLA, KHALIL A  
Address: 2169 NW 87TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

**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: KHALIL SAKALLA

MANG

03/14/2006

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