

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114327

FILED  
Jan 06, 2007  
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:**

9214 NW 24TH LANE  
GAINESVILLE, FL 32606

**Current Mailing Address:**

P. O. BOX 358372  
GAINESVILLE, FL 326358372

**New Mailing Address:**

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:**

SAKALLA, KHALIL A  
9214 NW 24TH LANE  
GAINESVILLE, FL 32606    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: KHALIL SAKALLA

01/06/2007

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: MGRM    (X) Change    ( ) Addition  
Name: SAKALLA, KHALIL A  
Address: 9214 NW 24TH LANE  
City-St-Zip: GAINESVILLE, FL 32606

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

MGRM

01/06/2007

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