

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114327

FILED
Feb 18, 2011
Secretary of State

Entity Name: PSYCHOLOGICAL CARE AND CONSULTATION, LLC

Current Principal Place of Business:

9214 NW 24TH LANE
GAINESVILLE, FL 32606

New Principal Place of Business:

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
9214 NW 24TH LANE
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
Name: SAKALLA, KHALIL A
Address: 9214 NW 24TH LANE
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 MANA 02/18/2011

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