


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90071 042 \*\*\*138.75

<b>DOCUMENT # L06000016161</b>	
1. Entity Name PSYCHOLOGICAL SERVICES OF JACKSONVILLE, LLC	

Principal Place of Business 1536 KINGSLEY AVENUE, SUITE 126 ORANGE PARK, FL 32073	Mailing Address 1536 KINGSLEY AVENUE, SUITE 126 ORANGE PARK, FL 32073
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2. Principal Place of Business - No P.O. Box # 165 WELLS ROAD	3. Mailing Address 165 WELLS ROAD
Suite, Apt. #, etc. SUITE 303	Suite, Apt. #, etc. SUITE 303

City & State ORANGE PARK, FLORIDA	City & State ORANGE PARK, FLORIDA
Zip 32073	Zip 32073
Country	Country

60004283



01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 74-3160597	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  FOX, ERIC ONE SAN JOSE PLACE SUITE 22 JACKSONVILLE, FL 32257	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOX, DAWN 1536 KINGSLEY AVENUE, SUITE 126 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **1/24/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #