2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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Mar 06, 2007 8:00 am
Secretary of State

02-08-2007 90138 020 ****50.00

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1. Entity Name

INTEGRITY COUNSELING & PSYCHOTHERAPY, LLC

Principal Place of Business	Mailing Address
6620 LAS FLORES DRIVE BOCA RATON FL 33433 US	6620 LAS FLORES DRIVE BOCA RATON FL 33433 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/06)

4. FEI Number 56-2561627 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LAVENDER, KYLE~~ ~~873 WEST BAY DRIVE~~ ~~SUITE 105~~ ~~LARGO FL 33770~~	Name: Alice B Battersby Street Address (P.O. Box Number is Not Acceptable): 6620 Las Flores Dr City: Boca Raton FL Zip Code: 33433

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: Alice B Battersby — 1/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATTERSBY, ALICE 6620 LAS FLORES DRIVE BOCA RATON FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Alice B Battersby

SIGNATURE: Alice B Battersby — 1/31/07 — 561-265-1168 / 561-451-9672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #