

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036096

FILED  
Mar 01, 2007  
Secretary of State

**Entity Name:** PSYCHOLOGICAL INSTITUTE FOR WELLNESS & EMPOWERMENT LLC

**Current Principal Place of Business:**

251 NE 38TH STREET  
#309  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

941 NE 19TH AVE  
#308  
FORT LAUDERDALE, FL 33304 US

**Current Mailing Address:**

251 NE 38TH STREET  
#309  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

941 NE 19TH AVE  
#308  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 20-4435098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAFONTAINE, MARK J MST  
816 NW 28TH STREET  
WILTON MANORS, FL 33311 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: MGR ( ) Delete  
Name: MAGALHAES, CHRISTINA  
Address: 251 NE 38TH STREET, #309  
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: MGR ( ) Delete  
Name: ARAUJO PSYCHOLOGY LL, C  
Address: 5235 NW 74TH TERRACE  
City-St-Zip: LAUDERHILL, FL 33319 US

Title: MGR ( ) Delete  
Name: MAGALHAES, EDUARDO P  
Address: 251 NE 38TH STREET, #309  
City-St-Zip: OAKLAND PARK, FL 33334 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATIA ARAUJO SILVESTRE

DR.

03/01/2007

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