2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
04-15-2008 90114 007 ***143.75

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1. Entity Name
FLORIDA MEDICAL PSYCHOLOGY ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
325 MEADOW BROOK COURT OLDSMAR, FL 34677 US	325 MEADOW BROOK COURT OLDSMAR, FL 34677 US

04082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12167 W. Linebaugh Ave.	12167 W. Linebaugh Ave.
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.: —
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33626 Country: U.S.A.	Zip: 33626 Country: U.S.A.

4. FEI Number: 06-1779303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TAKAGISHI, STANLEY C
10411 LIGHTNER BRIDGE DRIVE
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name: Mario S. Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 14627 Village Glen Circle
City: Tampa FL Zip Code: 33618

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: Mario S. Rodriguez 4/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FRIEDMAN & RODRIGUEZ PSYCHOLOGY ASSOCIATES 13014 NORTH DALE MABRY HIGHWAY, STE. 123 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KALY PSYCHOLOGICAL SERVICES, INC. 325 MEADOW BROOK COURT OLDSMAR, FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM S. CURTIS TAKAGISHI, PH.D., P.A. 10411 LIGHTNER BRIDGE DRIVE TAMPA, FL 33626	☑ 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 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: Mario S. Rodriguez Mario S. Rodriguez 4/9/08 (813)928-2659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #