

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059985

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** PAICA PSYCHOLOGICAL ASSESSMENT AND INTERVENTIONS FOR CHILDREN & ADOLESCENTS,  
P.L.

**Current Principal Place of Business:**

PO BOX 267456  
WESTON, FL 33326

**New Principal Place of Business:**

1730 MAIN STREET  
SUITE 222  
WESTON, FL 33326

**Current Mailing Address:**

PO BOX 267456  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 22-3934985      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: HERNANDEZ, NORDA  
Address: PO BOX 267456  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: MENDOZA FERNANDEZ, AILEEN  
Address: PO BOX 267456  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

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 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: NORDA HERNANDEZ PSY.,D.

MGR

04/27/2007

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