

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000088903

**FILED**  
**Aug 08, 2012**  
**Secretary of State**

**Entity Name:** GULF BREEZE PSYCHOLOGICAL CONSULTANTS, LLC

**Current Principal Place of Business:**

3860 PARADISE BAY DRIVE  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

3860 PARADISE BAY DRIVE  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 22-3942578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZLOBA, DONNA E  
3878 SAILWIND DRIVE  
GULF BREEZE, FL 32563 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: DONNA E ZLOBA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MEYERS, JAMES L PSY.D  
Address: 3860 PARADISE BAY DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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: JAMES L. MEYERS, PSY.D.

MGR

08/08/2012

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