

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000090784

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** PSYCHOLOGICAL SERVICES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1640 TOWN CENTER CIRCLE  
SUITE 204  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1002 NW 105TH AVENUE  
PLANTATION, FL 33322 US

**New Mailing Address:**

**FEI Number:** 20-5581466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, NICOLLE A  
1002 NW 105TH AVENUE  
PLANTATION, FL 33322 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  
**Name:** LOPEZ, NICOLLE A  
**Address:** 1002 NW 105TH AVENUE  
**City-St-Zip:** PLANTATION, FL 33322 US

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: NICOLLE ARBELAEZ LOPEZ

MGR

01/13/2012

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