

FILED
Mar 28, 2007 8:00 am
Secretary of State

02-23-2007 90205 027 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000115895			
1. Entity Name DR. ALEXANDER A. MESCAVAGE, PH.D, LLC			
Principal Place of Business 2702 REW CIRCLE, SUITE A OCOE, FL 34761		Mailing Address 2702 REW CIRCLE, SUITE A OCOE, FL 34761	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 141983521		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATES IN COUNSELING & PSYCHOLOGY WINDSOR AT METRO WEST 2101 PARK CENTER DRIVE, STE. 270 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Alexander MesCavage Street 3418 Bocage Drive #208 City Orlando State FL Zip 32812	
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 Alexander A MesCavage DATE 2/14/07 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MESCAVAGE, ALEXANDER A 2702 REW CIRCLE, SUITE A OCOE, FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR MesCavage Alexander A 3418 Bocage Dr. Suite A Orlando, FL 32812 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: Alexander A MesCavage SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		2/14/07 for 328-2084 Date Daytime Phone	