

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002235

FILED
Feb 02, 2009
Secretary of State

Entity Name: ELISABETH ANN SOIFER, PSY.D., LLC

Current Principal Place of Business:

300 S. PINE ISLAND, #241
PLANTATION, FL 33324

New Principal Place of Business:

300 S. PINE ISLAND ROAD
SUITE 241
PLANTATION, FL 33324

Current Mailing Address:

300 S. PINE ISLAND, #241
PLANTATION, FL 33324

New Mailing Address:

300 S. PINE ISLAND ROAD
SUITE 241
PLANTATION, FL 33324

FEI Number: 74-3196997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOIFER, ELISABETH A
300 S PINE ISLAND #241
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SOIFER, ELISABETH A
300 S PINE ISLAND ROAD
SUITE 241
PLANTATION, FL 33324 US

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:

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SOIFER, ELISABETH A PSY.D.
Address: 300 S. PINE ISLAND, #241
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SOIFER, ELISABETH A PSY.D.
Address: 300 S. PINE ISLAND ROAD, SUITE 241
City-St-Zip: PLANTATION, FL 33324

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: ELISABETH ANN SOIFER

MGR

02/02/2009

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