FILED
Jun 10, 2008 8:00 am
Secretary of State

05-07-2008 90018 027 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000045015

1. Entity Name
NAPLES PSYCHOLOGICAL, LLC.

300091134

04212008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
11181 HEALTH PARK BLVD. SUITE 3050 NAPLES, FL 34110 US	11181 HEALTH PARK BLVD. SUITE 3050 NAPLES, FL 34110 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2180 Immokalee Rd.	2180 Immokalee Rd
Suite, Apt. #, etc.: Suite 216	Suite, Apt. #, etc.: Suite 216
City & State: Naples, FL	City & State: Naples, FL 34110
Zip: 34110 Country:	Zip: 34110 Country:

4. FEI Number: 208934381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DAVID 11181 HEALTH PARK BLVD. SUITE 3050 NAPLES, FL 34110	Name: Smith, David Street Address (P.O. Box Number is Not Acceptable): 2180 Immokalee Rd. Suite 216 City: Naples FL Zip Code: 34110

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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, DAVID 11181 HEALTH PARK BLVD. SUITE 3050 NAPLES, FL 34110 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Smith, David 2180 Immokalee Rd. Suite 216 Naples, FL 34110 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Smith, D 2180 Immokalee Rd ST 216 Naples, FL 34110 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #