2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2008
Secretary of State

DOCUMENT# L07000062278

Entity Name: PSYCHOLOGY CENTER FOR WELLNESS, LLC

Current Principal Place of Business:

118 W. PLYMOUTH ST.
TAMPA, FL 33602

New Principal Place of Business:

118 W. PLYMOUTH ST.
TAMPA, FL 33603

Current Mailing Address:

118 W. PLYMOUTH ST.
TAMPA, FL 33602

New Mailing Address:

118 W. PLYMOUTH ST.
TAMPA, FL 33603

FEI Number: 26-0373082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAMOS, JOSE S
118 W. PLYMOUTH ST.
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

RAMOS, JOSE S
118 W. PLYMOUTH ST.
TAMPA, FL 33603 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: ROBERT J PORTER 09/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PORTER, ROBERT J
Address: 118 W. PLYMOUTH ST.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PORTER, ROBERT J
Address: 118 W. PLYMOUTH ST.
City-St-Zip: TAMPA, FL 33603

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: ROBERT J PORTER PRES 09/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date