2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L07000093839

Entity Name: CLINICAL HEALTH PSYCHOLOGY ASSOCIATES LLC

Current Principal Place of Business:

957 S. LOIS TERRACE
SUITE 102
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

957 S. LOIS TERRACE
SUITE 102
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 06-1624662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SERRA, ED
3384 E GULF TO LAKE HIGHWAY
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

SERRA, ED
6118 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429 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: 01/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: DR. ( ) Delete
Name: SALVIO, MARIE-ANNE
Address: 3268 N CAVES VALLEY PATH
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIE-ANNE SALVIO DR. 01/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date