

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093839

FILED
May 03, 2010
Secretary of State

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 ()**
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:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

I hereby 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,

05/03/2010

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