

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008386

FILED
Apr 26, 2010
Secretary of State

Entity Name: PSYCHOLOGICAL ASSESSMENT AND TREATMENT SERVICES, LLC

Current Principal Place of Business:

10014 NORTH DALE MABRY HWY
SUITE 101, OFFICE 55
TAMPA, FL 33618

New Principal Place of Business:

718 W. MARTIN LUTHER KING BLVD
SUITE 100 B
TAMPA, FL 33603

Current Mailing Address:

PO BOX 727
OLDSMAR, FL 34677

New Mailing Address:

718 W. MARTIN LUTHER KING BLVD
SUITE 100 B
TAMPA, FL 33603

FEI Number: 26-1813837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATZ, DANIEL
10014 NORTH DALE MABRY HWY
SUITE 101, OFFICE 55
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

PATZ, DANIEL
718 W. MARTIN LUTHER KING BLVD.
SUITE 100 B
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: _____

04/26/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PATZ, DANIEL
Address: 718 MARTIN LUTHER KING BLVD, SUITE 100 B
City-St-Zip: TAMPA, FL 33603

Title: MGRM
Name: ODIO, FRANCINE
Address: 718 W. MARTIN LUTHER KING BLVD, SUITE 100
City-St-Zip: TAMPA, FL 33603

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: FRANCINE ODIO, PSY.D.

MGRM

04/26/2010

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