

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008386

FILED
Aug 02, 2011
Secretary of State

Entity Name: PSYCHOLOGICAL ASSESSMENT AND TREATMENT SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

2902 N. ARMENIA AVENUE
SUITE 102
TAMPA, FL 33607

Current Mailing Address:

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

New Mailing Address:

2902 N. ARMENIA AVENUE
SUITE 102
TAMPA, FL 33607

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

Name and Address of New Registered Agent:

PATZ, DANIEL
2902 N. ARMENIA AVENUE
SUITE 102
TAMPA, FL 33607 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:

08/02/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PATZ, DANIEL
Address: 2902 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: MGRM
Name: ODIO, FRANCINE
Address: 2902 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

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.

MGR

08/02/2011

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