

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008414

FILED
Feb 19, 2010
Secretary of State

Entity Name: THE CENTER FOR FORENSIC PSYCHOLOGY, LLC

Current Principal Place of Business:

11422 NW 33RD. STREET
SUNRISE, FL 33323 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 451298
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 26-1811509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMMES, MICHAEL J
12080 NW 27 COURT
PLANTATION, FL 33323 US

Name and Address of New Registered Agent:

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: MGRM
Name: MIGNONE, SUZANNE
Address: PO BOX 451298
City-St-Zip: SUNRISE, FL 33345 US

Title: MGR
Name: TIMMES, MICHAEL J
Address: PO BOX 451298
City-St-Zip: SUNRISE, FL 33345 US

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: SUZANNE MIGNONE

MGRM

02/19/2010

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