2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

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Entity Name: FLORIDA PSYCHOLOGY SERVICES, LLC

Current Principal Place of Business:

1802 N. ALAFAYA TRAIL
SUITE 109
ORLANDO, FL 32826

New Principal Place of Business:

Current Mailing Address:

P O BOX 201
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 26-2370628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADSON, SARAH L
2625 NELA AVE
BELLE ISLE, FL 32809 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: MGMR
Name: MADSON, SARAH L
Address: 2625 NELA AVE
City-St-Zip: BELLE ISLE, FL 32809

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 Statues.

SIGNATURE: SARAH L. MADSON, PSY.D. MGMR 01/11/2011

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