

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059313

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EDUCATIONAL DIAGNOSTIC & INTERVENTION SERVICES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1462 E MICHIGAN STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1462 E MICHIGAN STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 26-2778760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LANG, KATHY  
1462 E MICHIGAN STREET  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

LANG, KATHY  
1462 E. MICHIGAN STREET  
ORLANDO, FL 32806 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:

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LANG, KATHY  
Address: 4757 S. SAINT BRIDES CIR.  
City-St-Zip: ORLANDO, FL 32812

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: KATHY LANG

MGRM

04/29/2011

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