

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000070914

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** CHANGES PSYCHOTHERAPY, LLC

**Current Principal Place of Business:**

508 NE 5TH AVE.  
PLAZA 500  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ULLI HINRICHSEN LCSW  
160 W CAMINO REAL #126  
BOCA RATON, FL 33432

**New Mailing Address:**

C/O ULRIKE HINRICHSEN LCSW  
160 W CAMINO REAL #126  
BOCA RATON, FL 33432

**FEI Number:** 80-0230888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HINRICHSEN, ULLI LCSW  
508 NE 5TH AVE.  
PLAZA 500  
DELRAY BEACH, FL 33483 US

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

HINRICHSEN, ULRIKE LCSW  
508 NE 5TH AVE.  
PLAZA 500  
DELRAY BEACH, FL 33483 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: ULRIKE HINRICHSEN

02/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HINRICHSEN, ULRIKE LCSW  
Address: 508 NE 5TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

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: ULRIKE HINRICHSEN

MGRM

02/03/2010

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