

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070914

FILED  
Feb 29, 2012  
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:**

205 NE 5TH TERRACE  
INDEPENDENCE PLAZA  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

HINRICHSSEN ULRIKE  
11 NE 15 AVENUE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

HINRICHSSEN ULRIKE  
11 NE 15 AVENUE, SUITE A  
POMPANO BEACH, FL 33060

**FEI Number:** 80-0230888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HINRICHSSEN, ULRIKE A LCSW  
11 NE 15 AVENUE  
POMPANO BEACH, FL 33060 US

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

HINRICHSSEN, ULRIKE A LCSW  
11 NE 15 AVENUE, SUITE A  
POMPANO BEACH, FL 33060 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:

02/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HINRICHSSEN, ULRIKE A LCSW  
Address: 11 NE 15 AVENUE, SUITE A  
City-St-Zip: POMPANO BEACH, FL 33060

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 HINRICHSSEN

M

02/29/2012

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