

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:

HINRICHSEN ULRIKE
11 NE 15 AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

HINRICHSEN 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:

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

Name and Address of New Registered Agent:

HINRICHSEN, 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: _____

Electronic Signature of Registered Agent

02/29/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HINRICHSEN, 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 HINRICHSEN

M

02/29/2012

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