# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 15, 2009**
**Secretary of State**

DOCUMENT# L08000101061

**Entity Name:** FIELDS PSYCHOTHERAPY AND CONSULTING, LLC

**Current Principal Place of Business:**

2003 APALACHEE PARKWAY, SUITE 205
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2003 APALACHEE PARKWAY, SUITE 205
TALLAHASSEE, FL 32301

**New Mailing Address:**

3601 WESTMORLAND DRIVE
TALLAHASSEE, FL 32303

**FEI Number: 61-1585066** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

YOUNG, OTIS B
329 AUSLEY ROAD
TALLAHASSEE, FL 32303 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: MGR ( ) Delete
Name: FIELDS, ANIKA C PH.D.
Address: 3601 WESTMORLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANIKA C. FIELDS, PH.D. MGR 06/15/2009

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