

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101061

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2810 SHARER ROAD  
UNIT 29 - H.O.P.E. CENTER  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

2810 SHARER ROAD  
UNIT 29  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

3601 WESTMORELAND DRIVE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 61-1585066      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

YOUNG, OTIS B  
8231 BALMORAL DRIVE  
TALLAHASSEE, FL 32311      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  
**Name:** FIELDS, ANIKA C PH.D.  
**Address:** 3601 WESTMORELAND DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32303

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: ANIKA C. FIELDS, PH.D.

MGR

04/29/2012

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