

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115092

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CINDY MATTHES-LOY LCSW, MARY ROBINSON LMFT, ELLEN POAGE MSN, ARNP; LLC

**Current Principal Place of Business:**

8660 COLLEGE PARKWAY, UNIT 160  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8660 COLLEGE PARKWAY, UNIT 160  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 26-3949415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOY, WILLIAM  
1861 WINKLER AVENUE  
FT. MYERS, FL 33901 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:** MATTHES-LOY, CINDY LCSW  
**Address:** 1861 WINKLER AVENUE  
**City-St-Zip:** FT. MYERS, FL 33901

**Title:** MGRM  
**Name:** MARY, ROBINSON LMFT  
**Address:** 5333 FAIRFIELD WAY  
**City-St-Zip:** FT. MYERS, FL 33919

**Title:** MGRM  
**Name:** POAGE-HOOPER, ELLEN  
**Address:** 1326 WALES DRIVE  
**City-St-Zip:** FT. MYERS, FL 33901

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: ELLEN POAGE-HOOPER

MGR

03/15/2011

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