

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063057

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** INFANTE CLINICAL & CONSULTING PSYCHOLOGY, LLC

**Current Principal Place of Business:**

2726 SW 5TH PL  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

2726 SW 5TH PL  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

FEI Number: 27-0457720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INFANTE, NORA  
2726 SW 5TH PL  
GAINESVILLE, FL 32607 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: MGRM  
Name: INFANTE, NORA  
Address: 2726 SW 5TH PL  
City-St-Zip: GAINESVILLE, FL 32607 US

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: NORA INFANTE

DR.

04/10/2012

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