

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099840

Entity Name: JOYCE HOPKINS, PSY.D., LLC

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1230 S FEDERAL HIGHWAY, SUITE 101  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

1230 S FEDERAL HIGHWAY  
SUITE 101  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2419 SOUTH SEACREST BLVD  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 27-1139116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOPKINS, JOYCE PSY.D.  
2419 SOUTH SEACREST BLVD  
BOYNTON BEACH, FL 33435 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: HOPKINS, JOYCE PSY.D.  
Address: 2419 SOUTH SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

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: JOYCE HOPKINS, PSYD, LLC

DR

03/28/2012

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