2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2011
Secretary of State

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Entity Name: CLIFFORD A LEVIN, PHD - LICENSED PSYCHOLOGIST, LLC

Current Principal Place of Business:

1212 NW 12TH AVE
STE B
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

700 SW 27 STREET
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 27-1425670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, CLIFFORD A PHD
700 SW 27 STREET
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: DR
Name: LEVIN, CLIFFORD A
Address: 700 SW 27TH STREET
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 Statues.

SIGNATURE: CLIFFORD A. LEVIN OWN 04/17/2011

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