

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000118226

FILED
Feb 28, 2012
Secretary of State

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 Statutes.

SIGNATURE: CLIFFORD A LEVIN, PHD

MGR

02/28/2012

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