

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009327

FILED
Apr 26, 2011
Secretary of State

Entity Name: CLINICAL PSYCHOLOGY PROFESSIONAL CENTER LLC

Current Principal Place of Business:

738 MACEWEN DR.
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

738 MACEWEN DR.
OSPREY, FL 34229

New Mailing Address:

FEI Number: 27-1961155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LODEIRO, GABRIELA
738 MACEWEN DR.
OSPREY, FL 34229 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: LODEIRO, GABRIELA PSY.D.
Address: 738 MACEWEN DR.
City-St-Zip: OSPREY, FL 34229

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: GABRIELA C. LODEIRO

MGR

04/26/2011

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