

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000009327

FILED
Feb 07, 2012
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:

5107 FAR OAK CIR
SARASOTA, FL 34238

FEI Number: 27-1961155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LODEIRO, GABRIELA
738 MACEWEN DR.
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

LODEIRO, GABRIELA C
5107 FAR OAK CIR
SARASOTA, FL 34238 US

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: DR. GABRIELA C. LODEIRO

02/07/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LODEIRO, GABRIELA C PSY.D.
Address: 5107 FAR OAK CIR
City-St-Zip: SARASOTA, FL 34238

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: DR. GABRIELA C. LODEIRO

MGR

02/07/2012

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