

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000099192

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** DAVID TESSLER, PSY. D., PLLC

**Current Principal Place of Business:**

3401 WEST HILLSBORO BLVD  
APT# M204  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

3401 WEST HILLSBORO BLVD  
APT# M204  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 27-3529248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TESSLER, DAVID  
3401 WEST HILLSBORO BLVD  
APT# M204  
COCONUT CREEK, FL 33073 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: MGRM  
Name: TESSLER, DAVID M  
Address: 3401 WEST HILLSBORO BLVD #M204  
City-St-Zip: COCONUT CREEK, FL 33073

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: DAVID TESSLER

DR.

04/24/2012

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