

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000128451

FILED
Feb 19, 2011
Secretary of State

Entity Name: ILENE F. KASKEL, PSY.D., PLLC

Current Principal Place of Business:

4851 WEST HILLSBORO BLVD.
SUITE #A1
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

11089 HARBOUR SPRINGS CIRCLE
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 27-4285531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASKEL, ILENE F
11089 HARBOUR SPRINGS CIRCLE
BOCA RATON, FL 33428 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: KASKEL, ILENE F
Address: 11089 HARBOUR SPRINGS CIRCLE
City-St-Zip: BOCA RATON, FL 33428

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: ILENE F. KASKEL, PSYD

MGRM

02/19/2011

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