2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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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 Statues.

SIGNATURE: ILENE F. KASKEL, PSYD MGRM 01/05/2012

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