

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000031743

FILED
Apr 15, 2012
Secretary of State

Entity Name: PSYCHOTHERAPEUTIC ENCOUNTERS, PLLC

Current Principal Place of Business:

535 CENTRAL AVE.
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

535 CENTRAL AVE.
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 27-4500956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYKELL, SHELDON L MSW
535 CENTRAL AVE.
ST. PETERSBURG, FL 33701 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: WYKELL, SHELDON L
Address: 535 CENTRAL AVE.
City-St-Zip: ST. PETERSBURG, FL 33701

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: SHELDON L WYKELL

MR

04/15/2012

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