2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MEDICAL AND PSYCHOLOGICAL/PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

264 W. CENTRAL AVENUE, SUITE E
WINTER HAVEN, FL 33880

New Principal Place of Business:

264 W. CENTRAL AVENUE
SUITE E
WINTER HAVEN, FL 33880

Current Mailing Address:

264 W. CENTRAL AVENUE, SUITE E
WINTER HAVEN, FL 33880

New Mailing Address:

264 W. CENTRAL AVENUE
SUITE E
WINTER HAVEN, FL 33880

FEI Number: 45-1808384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMEZ, MANUEL O
264 W. CENTRAL AVENUE, SUITE E
WINTER HAVEN, FL 33880 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: MGR
Name: GOMEZ, MANUEL O
Address: 264 W. CENTRAL AVENUE, SUITE E
City-St-Zip: WINTER HAVEN, FL 33880

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: MANUEL O GOMEZ MGR 05/01/2012

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