

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045121

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** OCEANSIDE PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

18401 COLLINS AVENUE  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

12955 BISCAYNE BLVD.  
203  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

2275 N.E. 120TH ST.  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 45-1685126      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SWAGGERTY-VALDES, NICOLE R PH.D.  
2275 N.E. 120TH ST.  
NORTH MIAMI, FL 33181      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:** SWAGGERTY-VALDES, NICOLE R PH.D.  
**Address:** 2275 N.E. 120TH ST.  
**City-St-Zip:** NORTH MIAMI, FL 33181

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: NICOLE SWAGGERTY-VALDES, PH.D.      MGR      02/28/2012

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