2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# M06000003984

Entity Name: CLINICAL HEALTH PSYCHOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

3268 NORTH CAVES VALLEY PATH
LECANTO, FL 34461

New Principal Place of Business:

957 S. LOIS TERRACE
SUITE 102
INVERNESS, FL 34452

Current Mailing Address:

3268 NORTH CAVES VALLEY PATH
LECANTO, FL 34461

New Mailing Address:

957 S. LOIS TERRACE
SUITE 102
INVERNESS, FL 34452

FEI Number: 06-1624662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SALVIO, MARIE-ANNE
3268 NORTH CAVES VALLEY PATH
LECANTO, FL 34461 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 ( ) Delete
Name: SALVIO, MARIE-ANNE
Address: 3268 NORTH CAVES VALLEY PATH
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALVIO, MARIE-ANNE
Address: 957 S. LOIS TERRACE
City-St-Zip: INVERNESS, FL 34452

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIE-ANNE SALVIO DR. 07/31/2007

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