

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114327

Entity Name: PSYCHOLOGICAL CARE AND CONSULTATION, LLC

Current Principal Place of Business:

9214 NW 24TH LANE
GAINESVILLE, FL 32606

Current Mailing Address:

P. O. BOX 358372
GAINESVILLE, FL 32635-8372

FEI Number: 01-0850834

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAKALLA, KHALIL A
9214 NW 24TH LANE
GAINESVILLE, FL 32606 US

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

Authorized Person(s) Detail :

Title MGRM
Name SAKALLA, KHALIL A
Address 9214 NW 24TH LANE
City-State-Zip: GAINESVILLE FL 32606

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KHALIL SAKALLA

OWNER

02/09/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date