

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031743

**Entity Name:** PSYCHOTHERAPEUTIC ENCOUNTERS, PLLC

**Current Principal Place of Business:**

535 CENTRAL AVE.  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

535 CENTRAL AVE.  
ST. PETERSBURG, FL 33701

**FEI Number:** 27-4500956

**Certificate of Status Desired:** No

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

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

*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:** SHELDON L WYKELL

MANAGER/MEMBER

02/05/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date