

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000000242

**Entity Name:** COOPER PSYCHOLOGY LLC

**Current Principal Place of Business:**

2999 WINDSOR CIRCLE  
CRESTVIEW, FL 32539

**Current Mailing Address:**

2999 WINDSOR CIRCLE  
CRESTVIEW, FL 32539 US

**FEI Number:** 45-4123903

**Certificate of Status Desired:** Yes

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

COOPER, MARTHA M  
2999 WINDSOR CIRCLE  
CRESTVIEW, FL 32539 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                | Title           | MGRM                |
| Name            | COOPER, JASON E     | Name            | COOPER, MARTHA M    |
| Address         | 2999 WINDSOR CIRCLE | Address         | 2999 WINDSOR CIRCLE |
| City-State-Zip: | CRESTVIEW FL 32539  | City-State-Zip: | CRESTVIEW FL 32539  |

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTHA M COOPER

**MANAGING MEMBER**

**02/24/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date