

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000071253

Entity Name: WILSON PSYCHOLOGICAL SERVICES, LIMITED LIABILITY COMPANY

FILED
Jan 23, 2016
Secretary of State
CC9295461262

Current Principal Place of Business:

4047 BEE RIDGE ROAD
SUITE C
SARASOTA, FL 34233

Current Mailing Address:

4047 BEE RIDGE ROAD
SUITE C
SARASOTA, FL 34233

FEI Number: 30-0738794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, ROBIN J
4047 BEE RIDGE ROAD
SUITE C
SARASOTA, FL 34233 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 CEO
Name WILSON, ROBIN J
Address 4047 BEE RIDGE ROAD, SUITE C
City-State-Zip: SARASOTA FL 34233

Title OFFICER
Name BECKFORD, DEBRA L
Address 4047 BEE RIDGE ROAD
SUITE C
City-State-Zip: SARASOTA FL 34233

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: ROBIN J WILSON

CEO

01/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date