

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000071253

Entity Name: WILSON PSYCHOLOGICAL SERVICES, LIMITED LIABILITY COMPANY

FILED
Feb 13, 2017
Secretary of State
CC0133342115

Current Principal Place of Business:

3995 BEE RIDGE ROAD EXTENSION
#339
SARASOTA, FL 34241

Current Mailing Address:

3995 BEE RIDGE ROAD EXTENSION
#339
SARASOTA, FL 34241 US

FEI Number: 30-0738794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, ROBIN J
3995 BEE RIDGE ROAD EXTENSION
#339
SARASOTA, FL 34241 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 3995 BEE RIDGE ROAD EXTENSION
 #339
City-State-Zip: SARASOTA FL 34241

Title OFFICER
Name BECKFORD, DEBRA L
Address 3995 BEE RIDGE ROAD EXTENSION
 #339
City-State-Zip: SARASOTA FL 34241

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

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date