

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000058998

Entity Name: WOLCOTT PSYCHOTHERAPY ASSOCIATES, LLC

Current Principal Place of Business:

2830 NW 41ST STREET, SUITE J
GAINESVILLE, FL 32606

Current Mailing Address:

2830 NW 41ST STREET, SUITE J
GAINESVILLE, FL 32606

FEI Number: 46-5322962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLCOTT, LISA LCSW
2830 NW 41ST STREET, SUITE J
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 MGR, OWNER
Name WOLCOTT, LISA LCSW
Address 2830 NW 41ST STREET, SUITE J
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA WOLCOTT

MRG, OWNER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date