

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057186

FILED
Jan 18, 2008
Secretary of State

Entity Name: CLINICAL HYPNOTHERAPY INSTITUTE, LLC

Current Principal Place of Business:

8401 SW 179 STREET
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

8401 SW 179 STREET
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 26-0260808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRESCOTT, DRUCKER & SCHOEN, P.L.
2605 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEY, J. CHRISTOPHER
Address: 8401 SW179 STREET
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: J.CHRISTOPHER LEY

MGRM

01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date