

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000102490

Entity Name: HEALTHY MINDS PSYCHOLOGY, LLC

Current Principal Place of Business:

8370 WEST FLAGLER STREET
SUITE 232
MIAMI, FL 33144

Current Mailing Address:

8370 WEST FLAGLER STREET
SUITE 232
MIAMI, FL 33144

FEI Number: 45-3187049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ANTONIO LESQ.
2600 S DOUGLAS ROAD SUITE 305
CORAL GABLES, FL 33134 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
Name MARTINEZ, GRETTEL
Address 8370 W FLAGLER STREET #232
City-State-Zip: MIAMI FL 33144

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: GRETTEL MARTINEZ

MANAGER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date