

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102490

**Entity Name:** HEALTHY MINDS PSYCHOLOGY, LLC

**Current Principal Place of Business:**

7950 WEST FLAGLER STREET  
SUITE 105  
MIAMI, FL 33144

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC1028831622**

**Current Mailing Address:**

7950 WEST FLAGLER STREET  
SUITE 105  
MIAMI, FL 33144 US

**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 7950 W FLAGLER STREET #105  
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**

**02/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date