2005 LIMITED LIABILITY COMPANY

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90031 045 ****50.00

ANNU	JAL REP	PORT	

DOCUMENT # L04000011464 THE GROUP FOR PSYCHIATRY, PSYCHOLOGY AND WELLNESS, L.L.C.

Principal Pt	ace of Business	Mailing Address								
	SIANAAVENLE	1215 LOUSIANA AMB			,					
WINTERPARK, FL 32789 US		Winterpark Fl. 32789 US								
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2. Principal	Place of Business	3. Mailing Address								
1555 Howell Branch Road		1555 Howell Branch Road		1 AMBROOM	Dit Seitt Giert Berrit beitt betit	ESIEN NUCL HEIL		ETERNI III ITAL		
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		02032005	5 Ch-11C	CDOCOO	2 /40/0/	21		
Suite	B-4	Suite B-4			0203200	5 Chg-LLC	CR2E08	3 (10/00	") ————	
City & State		City & State			4. FEI Num				Applied For	
Winter Park, FL		Winter Park, FL		a	0-0771070			Not Applicable		
Zip 32	789 Country USA	32789	Country	5 A	5. Certifica	te of Status Desired		5.00 A ee Requi		
	6. Name and Address of Current	Registered Agent			7. Name an	nd Address of New Re	gistered Ag	ent		
			Na	ne						
	ITZ, IVAN M		Chr	ot Addrone (I	D.O. Box Num	har is Not Assestable)				
430 NORTH MILLS AVENUE ORLANDO, FL 32803			Street Address (P.C			P.O. Box Number is Not Acceptable)				
OKLAND	6,1 E 32003									
			City		 			Zip Co	do	
			J 0.1,				FL	L		
	e named entity submits this statement for	or the purpose of changing its	registered office	ce or registere	ed agent, or b	oth, in the State of Flori	da. I am far	niliar with	i, and accept	
the obliga	itions of registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent	A COTO					and a second			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent :	ignature required v	when reinstating)	I	DATE			
_						Seales.	abaak aas			
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State						
	,								-	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES			
IIILE	MGR	☐ Delete	TITLE	MGR			ρ	Change	Addition	
NAME	MULLER, WALTER J		NAME	Mulle	r, Walter	· J				
STREET ADDRESS	1215 LOUISIANA AVENUE		STREET ADDRE	^{SS} 1555	HOWEII B	Branch Rd. B-4				
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Wint	er Park, 1	FL <u>32789</u>				
ITILE	•	☐ Delete	HILE	MER] Change	Addition	
NAME			NAME	Cucue	el, Gini I	W. Da R-H				
STREET ADORESS City-St-Zip			STREET ADDRE	S 1555	HOWEL DI	ranch Rd. B-4				
			CITY-SI-ZIP		or Fark,	FL 32789				
TITLE NAME		· relete	TITLE NAME	MGR	ta, Mar	lia	Ĺ] Change	Addition	
STREET ADDRESS			STREET ADDRES	1555	Howell	Branch Rd. B-1	+			
CITY-ST-ZIP			CITY-ST-ZIP			FL 32789				
TTLE		Пои				12 34701			N ******	
IAME :		☐ Delete	ntle Name	MGR	David		u	Change	Addition	
TREET ADDRESS			STREET ADDRES	SIFEE	im, David	Branch Rd. B-4				
ITY-S1-ZIP			CITY-ST-ZIP	לה לעל לה לעל	POWELL !	FL 32789				
TILE		☐ Delete	TTLE	MGR	N Luiri	FU		Change	M Addition	
IAME		ri neras	NAME	MUK	ar, Patri	cia A.	u	CHAINE	FOR WORKING	
TREET ADDRESS			STREET ADDRES	s 1555	Housell Br	anch Rd. B-4				
ITY-ST-ZIP			CITY-ST-ZIP	Winte	r Park, F	L 32789				
TILE .		Delete	TITLE	1 ,,,,,,,				Change	☐ Addition	
AME		··· DOKAG	NAME	1			u	narryt		
TREET ADDRESS			STREET ADDRESS	:						

CITY-ST-ZIP



^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.