

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079704

FILED
Aug 18, 2005
Secretary of State

Entity Name: PEACE OF MIND BRAIN INJURY CONSULTING, LLC

Current Principal Place of Business:

13507 CLUBSIDE DR.
TAMPA, FL 33624

New Principal Place of Business:

3105 ARECA CIRCLE
TAMPA, FL 33618 US

Current Mailing Address:

13507 CLUBSIDE DR.
TAMPA, FL 33624

New Mailing Address:

3105 ARECA CIRCLE
TAMPA, FL 33618 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, SARAH
13507 CLUBSIDE DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SARAH E.R. WILLIAMS
PEACE OF MIND BRAIN INJURY CONSULTING
3105 ARECA CIRCLE
TAMPA, FL 33618 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: SARAH E. R. WILLIAMS

08/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WILLIAMS, SARAH E MGR
Address: 3105 ARECA CIRCLE
City-St-Zip: TAMPA, FL 33618 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SARAH E.R. WILLIAMS

MGR

08/18/2005

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