2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L05000005077

Entity Name: A M H COUNSELING, P.L.

Current Principal Place of Business:

P.O. BOX 535
LIVE OAK, FL 32064

New Principal Place of Business:

1220 S WALKER AVE,
SUITE 101
LIVE OAK, FL 32064

Current Mailing Address:

P.O. BOX 535
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 26-4820643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, JOHN E
253 NW MAIN BLVD.
LAKE CITY, FL 32055 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: CEO ( ) Delete
Name: HARRELL, ANDREW M SR
Address: 10333 124TH ST
City-St-Zip: LIVE OAK, FL 32060

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 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: ANDREW M HARRELL CEO 04/04/2007

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