


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL -6 AM 10:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000014441		
1. Entity Name WHOLISTIC MENTAL HEALTH, LLC		

Principal Place of Business 370 ROZENA LOOP HAVANA, FL 32333	Mailing Address PO BOX 147 MIDWAY, FL 32343
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2. Principal Place of Business 370 Rozena Loop	3. Mailing Address PO Box 147
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Suite, Apt. #, etc. Havana, FL	Suite, Apt. #, etc.
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City & State Havana, FL	City & State Midway
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Zip 32333	Country USA	Zip 32343	Country USA
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6. Name and Address of Current Registered Agent	
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ROBINSON, JACKIE 370 ROZENA LOOP HAVANA, FL 32333	
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05052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 693431283	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, JACKIE 370 ROZENA LOOP HAVANA, FL 32333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, CHARLES 370 ROZENA LOOP HAVANA, FL 32333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-4-06  
Date Daytime Phone #