2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000087365

1. Entity Name

PEACE OF MIND PSYCHOTHERAPY, LLC



FILED Feb 08, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

819 S. FEDERAL HIGHWAY, SUITE 200-B STUART, FL 34994 819 S. FEDERAL HIGHWAY, SUITE 200-B STUART, FL 34994



02032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 16-1732607 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

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***************************************	3322, 12 32337	IN	THIS SPACE
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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM DONAN, DONNA 819 S. FEDERAL HIGHWAY, SUITE 200-B STUART, FL 34994		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000821357 02/19/08-80021-007 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-719			

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, OR AUTHORIZED REPRESENTATIVE

2-03-08 Date 772 219 7566

Daytime Phone ≠