

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002811

FILED
Mar 12, 2007
Secretary of State

Entity Name: MIND WORKS PSYCHOTHERAPY, LLC

Current Principal Place of Business:

7833 OTT WILLIAMS ROAD
CLERMONT, FL 347148655 US

New Principal Place of Business:

221 N .HWY 27
SUITE F
CLERMONT, FL 34711 US

Current Mailing Address:

221 N. HWY 27, SUITE F
CLERMONT, FL 34711

New Mailing Address:

221 N. HWY 27
SUITE F
CLERMONT, FL 34711 US

FEI Number: 56-2552138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHAUFLE, LISA A
221 N. HWY 27 SUITE F
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SCHAUFLE, LISA A
221 N. HWY 27
SUITE F
CLERMONT, FL 34711 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: LISA A. SCHAUFLE

03/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHAUFLE, LISA A
Address: 7833 OTT WILLIAMS ROAD
City-St-Zip: CLERMONT, FL 347148655 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHAUFLE, LISA A
Address: 221 N HWY 27, SUITE F
City-St-Zip: CLERMONT, FL 34711 US

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: LISA A. SCHAUFLE

MGR

03/12/2007

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