

# 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:

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

## Name and Address of New Registered Agent:

SCHAUFLER, 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. SCHAUFLER

03/12/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SCHAUFLER, 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. SCHAUFLER

MGR

03/12/2007

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