

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002811

**FILED**  
**Mar 10, 2008**  
**Secretary of State**

**Entity Name:** MIND WORKS PSYCHOTHERAPY, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 56-2552138      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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:**

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

**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 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      03/10/2008

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