

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002811

**FILED  
Apr 29, 2011  
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  
**Name:** SCHAUFLE, LISA A  
**Address:** 221 N HWY 27, SUITE F  
**City-St-Zip:** CLERMONT, FL 34711 US

I hereby 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      04/29/2011

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