

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033298

FILED
Apr 03, 2008
Secretary of State

Entity Name: MIND & MEDICINE PSYCHIATRIC ASSOCIATES LLC

Current Principal Place of Business:

851 5TH AVENUE N, SUITE 306
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

851 5TH AVENUE N, SUITE 306
NAPLES, FL 34102

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE, SUITE 300
NAPLES, FL 34109 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: MR. () Delete
Name: HELVINK, JOSEPH
Address: 5025 BERKELEY DRIVE
City-St-Zip: NAPLES, FL 34112

Title: DR () Delete
Name: HELVINK, BADALIN
Address: 5025 BERKELEY DRIVE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BADALIN HELVINK, MD

MGRM

04/03/2008

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