

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033298

**FILED**  
**May 03, 2010**  
**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: 20-4739339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE, SUITE 300  
NAPLES, FL 34109      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: HELVINK, JOSEPH  
Address: 5025 BERKELEY DRIVE  
City-St-Zip: NAPLES, FL 34112

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

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: BADALIN HELVINK

MBR

05/03/2010

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