2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# L08000089886

Entity Name: MIND HEALTH, P.L.

Current Principal Place of Business:

903 EAST CAUSEWAY BLVD.
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

903 EAST CAUSEWAY BLVD.
VERO BEACH, FL 32963

New Mailing Address:

725 FLAMEVINE LANE
VERO BEACH, FL 32963

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MORRISON WILLIAMS, B. LYNN
600 RIOMAR DRIVE, #8
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

MORRISON WILLIAMS, B. LYNN
725 FLAMEVINE LANE
VERO BEACH, FL 32963 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: DR. B. LYNN MORRISON WILLIAMS 06/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORRISON WILLIAMS, B. LYNN
Address: 600 RIOMAR DRIVE #8
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MORRISON WILLIAMS, B. LYNN
Address: 725 FLAMEVINE LANE
City-St-Zip: VERO BEACH, FL 32963

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: DR. B. LYNN MORRISON WILLIAMS MGRM 06/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date