

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000023293

FILED
Feb 16, 2011
Secretary of State

Entity Name: ADVANCED MENTAL HEALTH TRAINING INSTITUTE, LLC

Current Principal Place of Business:

1515 NORTH FLAGLER DRIVE STE 540
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 NORTH FLAGLER DRIVE STE 540
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 27-2582367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NEEDLE, RACHEL
1515 NORTH FLAGLER DRIVE STE 540
WEST PALM BEACH, FL 33401 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: NEEDLE, RACHEL PSY.D.
Address: 1515 N. FLAGLER DRIVE, SUITE 540
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: CECIL-VAN DEN HEUVEL, DENNY PH.D.
Address: 3540 FOREST HILL BLVD., STE 112
City-St-Zip: WEST PALM BEACH, FL 33406

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: RACHEL NEEDLE, PSY.D.

MGR

02/16/2011

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