

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000078973

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** ORLANDO INTEGRATIVE MENTAL HEALTH PLC

**Current Principal Place of Business:**

1485 SOUTH SEMORAN BOULEVARD  
BUILDING 6 SUITE 1454  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

1485 SOUTH SEMORAN BOULEVARD  
BUILDING 6 SUITE 1454  
WINTER PARK, FL 32792 US

**New Mailing Address:**

FEI Number: 27-3125956

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATHAK, PRAVEEN C  
1485 SOUTH SEMORAN BOULEVARD  
BUILDING 6 SUITE 1454  
WINTER PARK, FL 32792 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: MGRM  
Name: PATHAK, PRAVEEN C  
Address: 1485 S. SEMORAN BLVD. SUITE 1454  
City-St-Zip: WINTER PARK, FL 32792 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: PRAVEEN C. PATHAK

MGRM

03/27/2012

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