

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016262

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** LIVING WELL PSYCHOTHERAPY ASSOCIATES, INC.

**Current Principal Place of Business:**

10575 68TH AVE. N  
SUITE # D-3  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

10575 68TH AVE. N  
SUITE # D-3  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 34-1995549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISCHER-PETERS, JILL  
10575 68TH AVE. N  
SUITE # D-3  
SEMINOLE, FL 33772 US

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

FISCHER-PETERS, JILL A  
10575 68TH AVE. N D 3  
SUITE # D-3  
SEMINOLE, FL 33772 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: JILL FISCHER PETERS

01/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISCHER-PETERS, JILL  
Address: 10575 68TH AVE. N  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL FISCHER PETERS

JFP

01/13/2012

Electronic Signature of Signing Officer or Director

Date