2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# V48964

Entity Name: M. W. LADWIG, L. M. H. C., INC.

Current Principal Place of Business:

555 W. BRANCH BLVD
E-3
ORMOND BEACH, FL 32174

New Principal Place of Business:

595 W. GRANADA BLVD
E-2 (E, COAST NEUROPSYCHIATRIC)
ORMOND BEACH, FL 32174

Current Mailing Address:

555 W. ERANDA BLVD
E-3
ORMOND BEACH, FL 32174

New Mailing Address:

4 SUNNY BEACH DR.
ORMOND BEACH, FL 32176

FEI Number: 59-3139609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LADWIG, MICHAEL W
4 SUNNY BEACH DR.
ORMOND BEACH, FL 32176 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LADWIG, MICHAEL W
Address: 4 SUNNY BEACH DR
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR.. (X) Change ( ) Addition
Name: LADWIG, MICHAEL W
Address: 4 SUNNY BEACH DR
City-St-Zip: ORMOND BEACH, FL 32176

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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL W. LADWIG MR. 04/26/2009

Electronic Signature of Signing Officer or Director Date