

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002811

Entity Name: MIND WORKS PSYCHOTHERAPY, LLC

Current Principal Place of Business:

221 N .HWY 27
SUITE F
CLERMONT, FL 34711

Current Mailing Address:

221 N .HWY 27
SUITE F
CLERMONT, FL 34711 US

FEI Number: 56-2552138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAUFLE, LISA A
221 N. HWY 27
SUITE F
CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SCHAUFLE, LISA A
Address 221 N HWY 27, SUITE F
City-State-Zip: CLERMONT FL 34711

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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA A, SCHAUFLE

OWNER

03/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date