

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002811

**Entity Name:** MIND WORKS PSYCHOTHERAPY, LLC

**Current Principal Place of Business:**

26540 ACE AVENUE  
SUITE 106E  
LEESBURG, FL 34748

**Current Mailing Address:**

26540 ACE AVENUE  
SUITE 106E  
LEESBURG, FL 34748 US

**FEI Number:** 56-2552138

**Certificate of Status Desired:** No

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

SCHAUFLE, LISA A  
26540 ACE AVENUE  
SUITE 106E  
LEESBURG, FL 34748 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 26540 ACE AVENUE  
SUITE 106E  
City-State-Zip: LEESBURG FL 34748

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

**SIGNATURE:** LISA A. SCHAUFLE

**OWNER**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date