

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008517

FILED
Apr 22, 2012
Secretary of State

Entity Name: ORLANDO BEHAVIOR HEALTH SERVICES, L.L.C.

Current Principal Place of Business:

456 BETSY ROSS TERRACE
ORLANDO, FL 32809

New Principal Place of Business:

401 CENTER POINTE CIRCLE
#1551
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

185 FABYAN RD
N GROSVENORDALE, CT 06255

New Mailing Address:

FEI Number: 56-2400453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERESA, MAXSON DR.
456 BETSY ROSS TERRACE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

TERESA, MAXSON DR.
401 CENTER POINTE CIRCLE
#1551
ALTAMONTE SPRINGS, FL 32701 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: TERESA MAXSON

04/22/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WEINBERG, MICHAEL PH D
Address: 185 FABYAN RD
City-St-Zip: N GROSVENORDALE, CT 06255

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: TERESA MAXSON

DR.

04/22/2012

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