

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091655

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** 2ND CHANCE MENTAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

1250 S.E. PORT SAINT LUCIE BLVD.  
SUITE C  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

1541 S.E. PORT SAINT LUCIE BLVD.  
SUITE F  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

7204 ASHFORD LANE  
BOYNTON BEACH, FL 33472

**New Mailing Address:**

**FEI Number:** 27-3374222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAPLAN, ARLENE F DR.  
7204 ASHFORD LANE  
BOYNTON BEACH, FL 33472 US

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

KAPLAN, ARLENE F PH.D.  
7204 ASHFORD LANE  
BOYNTON BEACH, FL 33472 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: ARLENE F. KAPLAN, PH.D.

04/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KAPLAN, ARLENE F PH.D.  
Address: 7204 ASHFORD LANE  
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGRM  
Name: BROWN, JOHNNY L  
Address: 1220 S.W. 85TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33025

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: ARLENE F. KAPLAN, PH.D.

VP

04/22/2011

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