2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

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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 Statues.

SIGNATURE: ARLENE F. KAPLAN, PH.D. VP 04/22/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date