

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008517

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

Current Principal Place of Business:

958 COBBLER COURT
LONGWOOD, FL 32750

Current Mailing Address:

185 FABYAN RD
N GROSVENORDALE, CT 06255

FEI Number: 56-2400453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERESA, MAXSON DR.
958 COBBLER COURT
LONGWOOD, FL 32750 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 WEINBERG, MICHAEL PH D
Address 185 FABYAN RD
City-State-Zip: N GROSVENORDALE CT 06255

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: WEINBERG, MICHAEL, PH D

MGR.

04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date