

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000091655

Entity Name: 2ND CHANCE MENTAL HEALTH CENTER, LLC

Current 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

FEI Number: 27-3374222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAPLAN, ARLENE 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: KAPLAN, ARLENE PH.D.

04/03/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

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

SIGNATURE: KAPLAN, ARLENE, PH.D.

PRESIDENT

04/03/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date