

**2014 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.

04/30/2014

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

**SIGNATURE:** JOHNNY L. BROWN

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date