2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# L01000010429

Entity Name: BLOOMINGDALE PSYCHIATRIC ASSOCIATES, P.L.

Current Principal Place of Business:

336 E BLOOMINGDALE AVE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

336 E BLOOMINGDALE AVE
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 59-3736487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEVINE, CHARLES
336 BLOOMINGDALE AVENUE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DEVINE, CHARLES D	
Address:	336 E BLOOMINGDALE AVE	
City-St-Zip:	BRANDON, FL 335118155	
Title:	MGRM	( ) Delete
Name:	SUAREZ, AMADO F	
Address:	336 E BLOOMINGDALE AVE	
City-St-Zip:	BRANDON, FL 335118155	
Title:	MGRM	( ) Delete
Name:	CARROLL, KATHLEEN M	
Address:	336 E BLOOMINGDALE AVE	
City-St-Zip:	BRANDON, FL 335118155	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES D. DEVINE MGRM 02/08/2007

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