LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

CITI ONI DOSINESS REPORT (UBR)					05 12 2002 00508	024 ****50 00
DOCUMENT # L01000020390					05-12-2002 90598 024 ****50.00	
1. Entity Name Glory To Glory Mental Health Services, LLC						
P.O. Box 47346						
Tampa, FL 33647						
					958377	
DO NOT WRITE IN THIS SPACE					990911	
State -			ACI			
2. Principal Place of Business Blvd. 3. Mailing Address						
15501 Bruce B. Downs P.O. Box 46			6346			
Suite, Apt. #, etc. Apt. #2910					DO NOT WRITE IN THIS SPACE	
City & Stat		City & State	ty & State		4. FEI Number	
Tampa, FL		Tampa, FL			4. Cirvainsei	Applied For Not Applicable
zip 3364	7 Country	Zip -33647	Country	•	_5. Certificate of Status Desired \$5	5.00 Additional
3304	/ JOSA	33047	-03A		7. Name and Address of Current Registered A	
Name m				Name	omas & Carr, LLC	
. IN THIS SPACE					O Box Number is Not Acceptable) 14 W. Cass Street	
			. L			
				City Tam	pa FL	Zip Code 3 3 6 0 6
8. 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.						
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						
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9.	MANAGING MEMBER	RS/MANAGERS		- · · · · · · · · · · · · · · · · · · ·	9	
TITLE NAME	Manager Ida Lindsey	Apt. #2910	TITLE NAME			5
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ii lulcateu t	un una reputi la bue alto accurate arki ir	iai niv skinanije snali nave ind	- same le	onal effect as it ma	tion 119.07(3)(i), Florida Statutes. I further certify t	nat the information
indicated on this report is true and accurate and that my 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.						
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZ

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