

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020651

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: FLORIDA BEHAVIORAL INSTITUTE, P.L.C.

**Current Principal Place of Business:**

1100 CLEARWATER LARGO ROAD  
LARGO, FL 33770 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 CLEARWATER LARGO ROAD  
LARGO, FL 33770 US

**New Mailing Address:**

FEI Number: 59-3758359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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  
Name: MAYER, ROBERT M M.D.  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: RODRIGUEZ, MAURO MD  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: PATEL, ASHOK MD  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: AGUSTINES, RACHEL E MD  
Address: 1100 CLEARWATER LARGO ROAD  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: SHAH, NIHAL MD  
Address: 1100 CLEARWATER LARGO ROAD  
City-St-Zip: LARGO, FL 33770

Title: MGRM  
Name: LOWREY, ELIZABETH M  
Address: 1100 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 33770

I hereby 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: ASHOK PATEL

MGRM

04/20/2011

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