

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001743

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** MEDICAL & PSYCHIATRIC HEALTH GROUP OF MIAMI, LLC

**Current Principal Place of Business:**

4505 W. FLAGLER STREET, STE: 201  
MIAMI, FL 33134

**New Principal Place of Business:**

3485 W FLAGLER STREET  
SUITE 500  
MIAMI, FL 33135

**Current Mailing Address:**

4505 W. FLAGLER STREET, STE: 201  
MIAMI, FL 33134

**New Mailing Address:**

3485 W FLAGLER STREET  
SUITE 500  
MIAMI, FL 33135

**FEI Number:** 80-0037275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NORIEGA, HENRY P  
4505 W. FLAGLER STREET, STE: 201  
MIAMI, FL 33134 US

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

NORIEGA, HENRY P  
3485 W FLAGLER STREET  
SUITE 500  
MIAMI, FL 33135 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: HENRY P. NORIEGA

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NORIEGA, HENRY P  
Address: 1000 NW N RIVER DRIVE #108  
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: HENRY P. NORIEGA

MGR

04/24/2009

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