

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004094

FILED
Apr 30, 2004
Secretary of State

Entity Name: THE CENTER FOR PSYCHOLOGICAL HEALTH, LLC

Current Principal Place of Business:

301 NW 84TH AVE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 16808
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 71-0931489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAHM, STEVEN P
8218 NW 9TH COURT
PLANTATION, FL 33324 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FRAHM, STEVEN P DR
Address: 8218 NW 9TH COURT
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM () Change (X) Addition
Name: CENTRONE, MARY DR
Address: 619 SE 9TH STREET
City-St-Zip: FT LAUDERDALE, FL 33316 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN P FRAHM

MGRM

04/30/2004

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