

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008517

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** ORLANDO BEHAVIOR HEALTH SERVICES, L.L.C.

**Current Principal Place of Business:**

456 BETSY ROSS TERRACE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

185 FABYAN RD  
N GROSVENORDALE, CT 06255

**New Mailing Address:**

**FEI Number:** 56-2400453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TERESA, MAXSON DR.  
456 BETSY ROSS TERRACE  
ORLANDO, FL 32809 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:** MGR  
**Name:** WEINBERG, MICHAEL PH D  
**Address:** 185 FABYAN RD  
**City-St-Zip:** N GROSVENORDALE, CT 06255

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:** MICHAEL WEINBERG

DR.

01/12/2010

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