

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018705

FILED
Jan 28, 2011
Secretary of State

Entity Name: ACCENT OUTPATIENT FACILITY, LLC

Current Principal Place of Business:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 02-0692165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAST, BRUCE A M.D.
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

ATYEO, WALTER G
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 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: WALTER G. ATYEO

01/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GLOWASKY, ANN L MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR
Name: RODGERS, LAWRENCE W MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR
Name: KERR, BRIAN MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

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: WALTER G. ATYEO

CEO

01/28/2011

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