2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2012
Secretary of State

DOCUMENT# L03000018705

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:

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

SIGNATURE: BRIAN G. KERR P 02/27/2012

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