

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036960

FILED
Apr 16, 2009
Secretary of State

Entity Name: PALM BEACH PSYCH.SERVICES, LLC

Current Principal Place of Business:

FIVE HARVARD CIRCLE - SUITE 109
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

FIVE HARVARD CIRCLE - SUITE 109
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 86-1083223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUDREAU, LOUISE P PH.D.
FIVE HARVARD CIRCLE
W. PALM BEACH, FL 33409 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: P () Delete
Name: ALEXAKIS-LANIGAN, YIANOULA
Address: FIVE HARVARD CIRCLE - SUITE 109
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP () Delete
Name: HUNT, MARY ANN K
Address: FIVE HARVARD CIRCLE - SUITE 109
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete
Name: GAUDREAU, LOUISE P
Address: FIVE HARVARD CIRCLE - SUITE 109
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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

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

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: LOUISE P. GAUDREAU

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04/16/2009

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