

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036960

**FILED**  
**Apr 21, 2011**  
**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:**

GAUDREAU, LOUISE P PH.D.  
FIVE HARVARD CIRCLE  
W. PALM BEACH, FL 33409 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:

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ALEXAKIS-LANIGAN, YIANOULA  
Address: FIVE HARVARD CIRCLE - SUITE 109  
City-St-Zip: WEST PALM BEACH, FL 33409

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

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: LOUISE P. GAUDREAU

VP

04/21/2011

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