

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000049695

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SAND DOLLAR PSYCHIATRIC SERVICES, P.L.

**Current Principal Place of Business:**

68 BEAL PARKWAY SW  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

124 E MIRACLE STRIP PARKWAY #204  
MARY ESTHER, FL 32569

**Current Mailing Address:**

68 BEAL PARKWAY SW  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

124 E MIRACLE STRIP PARKWAY #204  
MARY ESTHER, FL 32569

**FEI Number:** 74-3111731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERIC, GOLDBERG E  
68 BEAL PARKWAY SW  
FT. WALTON BEACH, FL 32548 US

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

ERIC, GOLDBERG E  
124 E MIRACLE STRIP PARKWAY #204  
MARY ESTHER, FL 32569 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:

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ERIC, GOLDBERG D.O.  
Address: PO BOX 145  
City-St-Zip: FT. WALTON BEACH, FL 32549

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: ERIC GOLDBERG DO

MGR

03/16/2011

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