

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055174

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** CAUVIN FRETT PSYCHIATRY LLC

**Current Principal Place of Business:**

8177 GLADES ROAD  
204  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

10254 BROOKVILLE LANE  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 20-0504885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAUVIN, FRETT  
10254 BROOKVILLE LANE  
BOCA RATON, FL 33428 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: MGR  
Name: FRETT, CAUVIN  
Address: 10254 BROOKVILLE LANE  
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM  
Name: FRETT, BERNADETTE  
Address: 10254 BROOKVILLE LANE  
City-St-Zip: BOCA RATON, FL 33428

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: CAUVIN FRETT

MGR

04/14/2012

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