

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


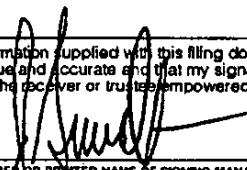
FILED
Mar 08, 2005 8:00 am
Secretary of State

02-07-2005 90286 043 ****50.00

30001125



1st MOORE CR2E083 (10/04)

DOCUMENT # L04000035735			
1. Entity Name SEACREST PSYCHIATRIC, LLC			
Principal Place of Business 5009 COBALT COURT GREEN ACRES FL 33463		Mailing Address 2320 S. SEACREST BLVD. SUITE 202 BOYNTON BEACH FL 33435	
2. Principal Place of Business 2320 S. Seacrest Blvd		3. Mailing Address	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State	
Zip 33435	Country Palm Beach	Zip	Country
4. FEL Number 50-0107822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SWIATKOWSKI, JANUSZ JANUSZ 5009 COBALT COURT GREEN ACRES FL 33463		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dr. Hector Britto
STREET ADDRESS		STREET ADDRESS	2320 S. Seacrest Blvd
CITY- ST- ZIP		CITY- ST- ZIP	Suite 202 Boynton Beach FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date: 1/11/05 561-733-9735	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	