2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000035735

1. Entity Name

SEACREST PSYCHIATRIC, LLC

Principal Place of Business	Mailing Address
~~5009 COBALT COURT GREEN ACRES FL 33463~~	2320 S. SEACREST BLVD. SUITE 202 BOYNTON BEACH FL 33435

2. Principal Place of Business	3. Mailing Address
2320 S. Seacrest Blvd	
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc.
City & State Boynton Beach FL	City & State
Zip 33435 / Country Palm Beach	Zip / Country

4. FEI Number 80-0107822 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWIATKOWSKI, ~~JANUSZ~~ JANUSZ 5009 COBALT COURT GREEN ACRES FL 33463	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 _____ (NOTE: Registered Agent signature required when resigning) DATE

Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MD NAME Dr. Hector Britto STREET ADDRESS 2320 S. Seacrest Blvd CITY-ST-ZIP Suite 202 Boynton Beach FL 33435	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 1/11/05 561-733-9735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #