

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90056 010 ****55.00

DOCUMENT # L04000042652

1. Entity Name
KETER BEHAVIORAL CENTER LLC



Principal Place of Business
**5190 N.W. 167TH ST.
MIAMI GARDENS, FL 33014**

Mailing Address
**5190 N.W. 167TH ST.
MIAMI GARDENS, FL 33014**

400000841



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME

Suite, Apt. #, etc.
109

Suite, Apt. #, etc.
109

01042005 Chg-LLC CR2E083 (10/03)

City & State
MIAMI GARDENS

City & State

4. FEI Number
201214216

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

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

**SANTELICES, ARMANDO A
5190 N.W. 167TH STREET
MIAMI GARDENS, FL 33014**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SANTELICES, ARMANDO A
5190 N.W. 167TH ST
MIAMI GARDENS, FL 33014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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: *Armando A. Santelices* **ARMANDO A. SANTELICES MD** 01/04/2004 305-620-4929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #