2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L04000047751

Entity Name: HENDERSON MENTAL HEALTH CENTER, LLC

Current Principal Place of Business:

4740 NORTH STATE ROAD 7, SUITE 201
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

4740 NORTH STATE ROAD 7, SUITE 201
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 20-1295599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RONIK, STEVE
4740 NORTH STATE ROAD 7, SUITE 201
FORT LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

RONIK, STEVEN
4740 NORTH STATE ROAD 7, SUITE 201
FORT LAUDERDALE, FL 33319 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: STEVEN RONIK, ED.D. 02/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HENDERSON MENTAL HEA, LTH CENTER INC .
Address: 4740 NORTH STATE ROAD 7 STE 201
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVEN RONIK, ED.D. CEO 02/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date