

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000047751

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

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

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

RONIK, STEVEN CEO  
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

02/26/2009

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 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

CEO

02/26/2009

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