2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# L04000093697

Entity Name: GULF COAST BEHAVIORAL HEALTH, P.L.C.

Current Principal Place of Business:

3435 TENTH STREET NORTH, STE. 303
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

3435 TENTH STREET NORTH,STE.303
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2220980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICCARDO B. RIVAS, P.A.
3435 TENTH STREET NORTH, STE. 303
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	RIVAS, RICCARDO B	
Address:	3435 TENTH STREET NORTH, STE. 303	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	BERGIN HALL, ANN	
Address:	800 SEAGATE DRIVE, STE. 101	
City-St-Zip:	NAPLES, FL 34103	
Title:	MGRM	( ) Delete
Name:	ARIA, CONSTANCE M	
Address:	997 NORTH COLLIER BLVD., STE. D	
City-St-Zip:	MARCO ISLAND, FL 34145	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CONSTANCE ARIA MGRM 02/09/2006

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