

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006010

FILED
Jan 03, 2006
Secretary of State

Entity Name: LAKE MARY PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

101 TIMBERLACHEN CIRCLE
SUITE 201
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

1332 CHESSINGTON CIRCLE
HEATHROW, FL 32746 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTA-CASTILLO, MANUEL R MD
1332 CHESSINGTON CIRCLE
HEATHROW, FL 32746 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: MGR () Delete
Name: MOTA-CASTILLO, MANUEL R MD
Address: 1332 CHESSINGTON CIRCLE
City-St-Zip: HEATHROW, FL 32746 US

Title: MGR () Delete
Name: SALJA-MOTA, ROSA M MRS.
Address: 1332 CHESSINGTON CIRCLE
City-St-Zip: HEATHROW, FL 32746 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MEDAL, JEANETTE
Address: 101 TIMBERLACHEN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: MANUEL R. MOTA-CASTILLO

MRG

01/03/2006

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