2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L05000006010

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

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: ROSA M. SALJA-MOTA MRS 01/04/2007

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