

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036590

FILED
Apr 30, 2008
Secretary of State

Entity Name: BAY HILL PSYCHIATRIC ASSOCIATES, LLC

Current Principal Place of Business:

6068 SOUTH APOPKA VINELAND ROAD
SUITE 3
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6068 SOUTH APOPKA VINELAND ROAD
SUITE 3
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 73-1733607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOUDHURY, TARIK H
6068 SOUTH APOPKA VINELAND ROAD
SUITE 3
ORLANDO, FL 32819 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: CHOUDHURY, TARIK H
Address: 6068 SOUTH APOPKA VINELAND ROAD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: SULTANA, SYEDA N MD
Address: 6068 SOUTH APOPKA VINELAND ROAD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

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 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: TARIK H CHOUDHURY

MGRM

04/30/2008

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