

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000036590

**FILED**  
**Feb 07, 2012**  
**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:**

SULTANA, SYEDA N  
6068 SOUTH APOPKA VINELAND ROAD  
SUITE 3  
ORLANDO, FL 32819 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: SYEDA N SULTANA

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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: SYEDA SULTANA

MGRM

02/07/2012

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