

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070541

FILED
Jan 14, 2009
Secretary of State

Entity Name: NEW TAMPA BEHAVIORAL HEALTH, LLC

Current Principal Place of Business:

18141 BRIDLE BIT LANE
TAMPA, FL 33647 US

New Principal Place of Business:

8532 CANTERBURY LAKE BLVD.
TAMPA, FL 33619 US

Current Mailing Address:

P.O. BOX 46206
TAMPA, FL 33646 US

New Mailing Address:

FEI Number: 75-3196248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WORCESTER, JONATHAN A
18141 BRIDLE BIT LANE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

WORCESTER, JONATHAN A
8532 CANTERBURY LAKE BLVD.
TAMPA, FL 33619 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: JONATHAN A WORCESTER

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WORCESTER, JONATHAN A
Address: 18141 BRIDLE BIT LANE
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WORCESTER, JONATHAN A
Address: 8532 CANTERBURY LAKE BLVD.
City-St-Zip: TAMPA, FL 33619 US

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: JONATHAN A WORCESTER

MGR

01/14/2009

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