

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000071134**

1. Entity Name  
**NOUVEAU PSYCHIATRIC SERVICES, LLC**



Principal Place of Business  
**4505 W. FLAGLER ST., STE 201  
MIAMI, FL 33134**

Mailing Address  
**4505 W. FLAGLER ST., STE 201  
MIAMI, FL 33134**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3713828**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DANGER, CARLOS R  
4505 WEST FLAGLER STREET, SUITE 201  
MIAMI, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

*Carlos Danger*

*4/25/07*

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	NORIEGA, HENRY P
STREET ADDRESS	15138 N.W. 89 COURT
CITY-ST-ZIP	MIAMI LAKES, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07-80077-018 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Henry Noriega*

*4/26/07*

*(305) 444-3333*

Date

Daytime Phone #