

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90151 011 ****50.00

60019930



02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3597570 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000099522

1. Entity Name
NU-CONCEPTS BEHAVIORAL HEALTH CENTER, LLC



Principal Place of Business
12912 S.W. 133 COURT, SUITE A
MIAMI, FL 33186

Mailing Address
12912 S.W. 133 COURT, SUITE A
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #
8250 SW 40 ST.

3. Mailing Address
8250 SW 40 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33155

Country USA

Zip 33155

Country USA

6. Name and Address of Current Registered Agent

SERRA, CHRISTINE
12912 S.W. 133 COURT, SUITE A
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name CHRISTINE SEPPA
Street Address (P.O. Box Number is Not Acceptable)
8250 SW 40 STREET
SUITE C
City MIAMI FL Zip Code 33155

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

C. Serra

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/07

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SERRA, CHRISTINE ☐ Delete
STREET ADDRESS 2945 S.W. 145 AVENUE
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME SERRA, ALINA ☐ Delete
STREET ADDRESS 575 N.W. 100 COURT
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME CALDERON, DIANA M ☐ Delete
STREET ADDRESS 15253 S.W. 141 STREET
CITY-ST-ZIP MIAMI, FL 33196

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME MARTINEZ, JOSE F ☒ Delete
STREET ADDRESS 10742 S.W. 138 PLACE
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

C. Serra

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

2/25/07

Date

(305)
228-2994

Daytime Phone #