2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L05000099522

Entity Name: NU-CONCEPTS BEHAVIORAL HEALTH CENTER, LLC

Current Principal Place of Business:

8250 SW 40 ST.
SUITE C
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8250 SW 40 ST.
SUITE C
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-3597570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SERRA, CHRISTINE
8250 SW 40 ST.
SUITE C
MIAMI, FL 33155 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: SERRA, CHRISTINE
Address: 2945 S.W. 145 AVENUE
City-St-Zip: MIAMI, FL 33175

Title: MGRM ( ) Delete
Name: SERRA, ALINA
Address: 575 N.W. 100 COURT
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete
Name: CALDERON, DIANA M
Address: 15253 S.W. 141 STREET
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHRISTINE SERRA MGRM 04/09/2008

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