

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058677

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** MENTAL HEALTH CONSULTANTS OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

3991 SW GREENWOOD WAY  
3-G  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3991 SW GREENWOOD WAY  
3-G  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 90-0303093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

QUINONES-PEREZ, MARIA  
3991 SW GREENWOOD WAY  
3-G  
PALM CITY, FL 34990 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:** MGR  
**Name:** QUINONES-PEREZ, MARIA  
**Address:** 3991 SW GREENWOOD WAY, 3-G  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** S  
**Name:** MONACO, NATASHA  
**Address:** 3991 SW GREENWOOD WAY, 3-G  
**City-St-Zip:** PALM CITY, FL 34990

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:** MARIA DEL CARMEN QUINONES, PEREZ

MNGR

02/21/2011

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