

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001134

Entity Name: ATLANTIC PSYCHIATRIC LLC

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

719 BEVILLE RD
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

Current Mailing Address:

PO BOX 290065
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 20-8130616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZER, ROBERT D
2090 S NOVA RD
SUITE AA05
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

WINTERS, WILLIAM C
2090 S NOVA RD
SUITE AA05
DAYTONA BEACH, FL 32119 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: WILLIAM C WINTERS

03/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WINTERS, WILLIAMS C
Address: PO BOX 290065
City-St-Zip: PORT ORANGE, FL 32129

Title: MGRM () Delete
Name: WINTERS, SHARON K
Address: PO BOX 290065
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINTERS, WILLIAMS C
Address: PO BOX 290065
City-St-Zip: PORT ORANGE, FL 32129

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: WILLIAM C WINTERS

MGRM

03/28/2009

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