

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033506

FILED
Jun 29, 2009
Secretary of State

Entity Name: REGA MENTAL HEALTH CENTER, L.L.C.

Current Principal Place of Business:

7501 WILES RD, SUITE 105
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

7501 WILES RD SUITE 105
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 20-8735648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RICARDO ESPAILLAT
7501 WILES RD SUITE 105
CORAL SPRINGS, FL 33067 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 () Delete
Name: ESPAILLAT, RICARDO
Address: 7501 WILES RD SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: ESPAILLAT, POALA
Address: 7501 WILES RD SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

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: RICARDO K ESPAILLAT

MGR

06/29/2009

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