

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043983

FILED
Jan 30, 2009
Secretary of State

Entity Name: NEW LIFE COMMUNITY MENTAL CENTER, LLC

Current Principal Place of Business:

1690 NW 19TH TERRACE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

750 OLD HICKORY BLVD., SUITE 2-100
BRENTWOOD, TN 37027

New Mailing Address:

1690 NW 19TH TERRACE
MIAMI, FL 33125

FEI Number: 26-2358156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

RAMOS, JOSEPH
1690 NW 19TH TERRACE
MIAMI, FL 33125 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: JOSEPH RAMOS

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHC NEW LIFE, LLC
Address: 750 OLD HICKORY BLVD., SUITE 2-100
City-St-Zip: BRENTWOOD, TN 37027

Title: MGR () Delete
Name: STEVENS, JENNIFER
Address: 1410 79TH STREET CAUSEWAY
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM (X) Delete
Name: HERREA, AGUEDA
Address: 1410 79TH STREET CAUSEWAY
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: STEVENS, JENNIFER
Address: 1690 NW 19 TERR
City-St-Zip: MIAMI, FL 33125

Title: VP (X) Change () Addition
Name: HERRERA, AGUEDA
Address: 1690 NW 19TH TERRACE
City-St-Zip: MIAMI, FL 33125

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: JENNIFER STEVENS

PRES

01/30/2009

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