2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L07000111663

Entity Name: KEYSTONE BEHAVIORAL PEDIATRICS, LLC

Current Principal Place of Business:

2237 FORBES STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2237 FORBES STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 26-1430763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FALWELL, KATHERINE
2237 FORBES STREET
JACKSONVILLE, FL 32204 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: FALWELL, KATHERINE
Address: 2237 FORBES STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete
Name: WITHERUP, LUANNE
Address: 3591 KERNAN BLVD., #418
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: LAWRIMORE, LORI
Address: 86028 EASTPORT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: KATHERINE FALWELL MGRM 02/11/2009

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