

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111663

FILED
Mar 03, 2010
Secretary of State

Entity Name: KEYSTONE BEHAVIORAL PEDIATRICS, LLC

Current Principal Place of Business:

2237 FORBES STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

6867 SOUTHPOINT DRIVE NORTH
SUITE 106
JACKSONVILLE, FL 32216

Current Mailing Address:

2237 FORBES STREET
JACKSONVILLE, FL 32204

New Mailing Address:

6867 SOUTHPOINT DRIVE NORTH
SUITE 106
JACKSONVILLE, FL 32216

FEI Number: 26-1430763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FALWELL, KATHERINE
2237 FORBES STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

FALWELL, KATHERINE
6867 SOUTHPOINT DRIVE NORTH
SUITE 106
JACKSONVILLE, FL 32216 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: KATHERINE FALWELL

03/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FALWELL, KATHERINE
Address: 129 RETREAT PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM
Name: LAWRIK, LORI
Address: 86028 EASTPORT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: KATHERINE FALWELL

MGRM

03/03/2010

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