

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000114633

Entity Name: MIAMI PSYCHCENTER, LLC

FILED
Dec 13, 2008
Secretary of State

Current Principal Place of Business:

2520 SW 22ND STREET
SUITE 2-406
MIAMI, FL 33145

New Principal Place of Business:

1000 PONCE DE LEON BLVD
SUITE 113
MIAMI, FL 33134

Current Mailing Address:

2520 SW 22ND STREET
SUITE 2-406
MIAMI, FL 33145

New Mailing Address:

1000 PONCE DE LEON BLVD
SUITE 113
MIAMI, FL 33134

FEI Number: 26-1439528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FUENTES, MILTON
150 ALHAMBRA CIRCLE
SUITE 725
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FUENTES, MILTON
2600 DOUGLAS ROAD
SUITE 1103
CORAL GABLES, FL 33134 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: MILTON FUENTES

12/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVAREZ, MARTHA
Address: 2520 SW 22 STREET, SUITE 2-406
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVAREZ, MARTHA
Address: 1000 PONCE DE LEON BLVD STE 113
City-St-Zip: MIAMI, FL 33134

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: MARTHA ALVAREZ

MGRM

12/13/2008

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