

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114633

**Entity Name:** MIAMI PSYCHCENTER, LLC

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2916 DOUGLAS RD, STE 1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2916 DOUGLAS RD, STE 1  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-1439528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUENTES, MILTON  
2600 DOUGLAS ROAD  
SUITE 1103  
CORAL GABLES, FL 33134 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  
Name: ALVAREZ, MARTHA  
Address: 1000 PONCE DE LEON BLVD STE 113  
City-St-Zip: MIAMI, FL 33134

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: MARTHA ALVAREZ

MGR

01/08/2010

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