2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: MIAMI PSYCHCENTER, LLC

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:

FUENTES, MILTON
2916 PONCE DE ELON BLVD
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 01/04/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ALVAREZ, MARTHA
Address: 2916 PONCE DE LEON BLVD STE 1
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 Statues.

SIGNATURE: MARTHA ALVAREZ MGRM 01/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date