2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124924

Address:

City-St-Zip:

25516 HERITAGE LAKE BOULEVARD

PUNTA GORDA, FL 33983 US

Entity Name: HARBORSIDE PSYCHIATRIC SERVICES LLC

FILED Jul 17, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 25166 MARION AVE. **SUITE #111** PUNTA GORDA, FL 33950 US **Current Mailing Address: New Mailing Address:** 25166 MARION AVE. **SUITE # 111** PUNTA GORDA, FL 33950 US FEI Number: 26-1616989 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: Name and Address of New Registered Agent: SMALLBIZ AGENTS, LLC 4244 W. TENNESSEE ST. #185 TALLAHASSEE, FL 32304 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition FLYNN, JOAN E LCSW Name: Name: Address: 25516 HERITAGE LAKE BOULEVARD Address: City-St-Zip: PUNTA GORDA, FL 33983 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: KAPUCHINSKI, STANLEY MD Name:

Address:

City-St-Zip:

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: JOAN E. FLYNN MS 07/17/2009