2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# L07000124924

Entity Name: HARBORSIDE PSYCHIATRIC SERVICES LLC

Current Principal Place of Business:

25166 MARION AVE.
SUITE # 111
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

25166 MARION AVE.
SUITE # 111
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 26-1616989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE ST. #185
TALLAHASSEE, FL 32304 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: FLYNN, JOAN E LCSW
Address: 25516 HERITAGE LAKE BOULEVARD
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: MGRM
Name: KAPUCHINSKI, STANLEY MD
Address: 3714 TOULOUSE COURT
City-St-Zip: PUNTA GORDA, FL 33950 US

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: JOAN FLYNN MS 02/17/2011

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