2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L07000128238

Entity Name: FLORIDA BEHAVIORAL HEALTHCARE, LLC

Current Principal Place of Business:

750 OLD HICKORY BLVD., SUITE 2-100
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

750 OLD HICKORY BLVD., SUITE 2-100
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 26-2330649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: SEAN L. EMERICK 02/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHC FLORIDA BEHAVIOR, AL, LLC
Address: 750 OLD HICKORY BLVD., SUITE 2-100
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
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: JOHN S. ROUSE SEC 02/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date