

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076961

FILED
Apr 30, 2010
Secretary of State

Entity Name: COASTAL BEHAVIORAL HEALTH SERVICES LLC

Current Principal Place of Business:

1301 SEMINOLE BLVD
UNIT 168
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

1301 SEMINOLE BLVD
UNIT 168
LARGO, FL 33770

New Mailing Address:

FEI Number: 26-3211473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STYERS, DONALD W
1301 SEMINOLE BLVD
UNIT 168
LARGO, FL 33770 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: STYERS, DONALD W
Address: 19531 GULF BLVD., UNIT 309
City-St-Zip: INDIAN SHORES, FL 33785

Title: MGRM
Name: CAPES, DEBBIE J
Address: 12365 90TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM
Name: STYERS, JOHN D
Address: 1301 SEMINOLE BLVD, UNIT 168
City-St-Zip: LARGO, FL 33770

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: DONALD W STYERS

MGRM

04/30/2010

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