

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081225

FILED
Apr 29, 2009
Secretary of State

Entity Name: PSYCARE SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PARKWAY
STE. #114
TAMPA, FL 33647 US

New Principal Place of Business:

15310 AMBERLY DRIVE
STE. #310
TAMPA, FL 33647 US

Current Mailing Address:

18302 HIGHWOODS PRESERVE PARKWAY
STE. #114
TAMPA, FL 33647 US

New Mailing Address:

15310 AMBERLY DRIVE
STE. #310
TAMPA, FL 33647 US

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

Name and Address of Current Registered Agent:

BROCK, JAMES C
7065 WESTPOINTE BOULEVARD
#317
ORLANDO, FL 32835 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 () Delete
Name: COHEN, ROBERT M
Address: 18302 HIGHWOODS PRESERVE PKWY., #114
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, ROBERT M
Address: 15310 AMBERLY DRIVE, STE. #310
City-St-Zip: TAMPA, FL 33647 US

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: ROBERT W. COHEN

MGRM

04/29/2009

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