

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082020

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: BEHAVIORAL HEALTH CARE ASSOCIATES, LLC

**Current Principal Place of Business:**

7100 W. CAMINO REAL  
STE 123  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

7100 W. CAMINO REAL  
STE 123  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 26-3273709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

FICHERA, CHRISTOPHER J PHD  
7100 WEST CAMINO REAL  
SUITE 123  
BOCA RATON, FL 33433 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: CHRISTOPHER J. FICHERA, PHD

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FICHERA, CHRISTOPHER J PHD  
Address: 7100 W. CAMINO REAL STE 123  
City-St-Zip: BOCA RATON, FL 33433 US

**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: CHRISTOPHER J. FICHERA, PHD

MGRM

04/13/2009

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