

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082020

**FILED**  
**Feb 19, 2012**  
**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:**

THEROUX, SHARON M PHD  
7100 WEST CAMINO REAL  
SUITE 123  
BOCA RATON, FL 33433 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: D  
Name: FICHERA, CHRISTOPHER J PHD  
Address: 7100 W. CAMINO REAL STE 123  
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR  
Name: THEROUX, SHARON M  
Address: 7100 W CAMINO REAL # 123  
City-St-Zip: BOCA RATON, FL 33433

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: SHARON M THEROUX

MGR

02/19/2012

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