

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000086764

FILED
Dec 15, 2009
Secretary of State

Entity Name: CATHOLIC PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

8200 SW 117 AVENUE
301
MIAMI, FL 33183

New Principal Place of Business:

7351 SW 121 COURT
MIAMI, FL 33183

Current Mailing Address:

New Mailing Address:

FEI Number: 26-3341127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FLORES, MIGUEL MD
7351 SW 121 COURT
MIAMI, FL 33183 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: MIGUEL FLORES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORES, MIGUEL MD
Address: 7351 SW 121 COURT
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: FLORES, SILVIA
Address: 7351 SW 121 COURT
City-St-Zip: MIAMI, FL 33183

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MIGUEL FLORES

P

12/15/2009

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