

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000112979

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** HCSN OUTPATIENT SUBSTANCE ABUSE PROGRAM LLC

**Current Principal Place of Business:**

13155 SW 134 ST  
UNIT 102  
MIAMI, FL 33196

**New Principal Place of Business:**

13155 SW 134 ST  
UNIT 102  
MIAMI, FL 33186

**Current Mailing Address:**

15160 SW 136 ST  
UNIT 18  
MIAMI, FL 33196

**New Mailing Address:**

**FEI Number:** 26-3855686      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GONZALEZ, ARMANDO E  
15160 SW 136 ST  
UNIT 18  
MIAMI, FL 33196 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: GONZALEZ, ARMANDO E  
Address: 15160 SW 136 ST UNIT18  
City-St-Zip: MIAMI, FL 33196

**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: ARMANDO E GONZALEZ      MGRM      04/20/2009

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