

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115893

FILED
Apr 17, 2009
Secretary of State

Entity Name: LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC

Current Principal Place of Business:

201 ALPINE DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

201 ALPINE DRIVE
MAITLAND, FL 32751 US

Current Mailing Address:

201 ALPINE DRIVE
MAITLAND, FL 32751

New Mailing Address:

367 S. GULPH ROAD
KING OF PRUSSIA, PA 19406 US

FEI Number: 58-1791069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: UNIVERSAL HEALTH SERVICES, INC.
Address: 367 S GULPH RD
City-St-Zip: KING OF PRUSSIA, PA 19406 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: UNIVERSAL HEALTH SERVICES, INC.

MGRM

04/17/2009

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