

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115893

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC

**Current Principal Place of Business:**

201 ALPINE DRIVE  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:** MGRM  
**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 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: GEORGE H. BRUNNER, JR.

SEC

01/13/2011

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