

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000001572

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** BAYSIDE VIRTUAL TREATMENT CENTER L.L.C.

**Current Principal Place of Business:**

1200 CHERRY STREET NE  
4  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

1200 CHERRY STREET NE  
4  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

221 PARK AVENUE  
310  
NEW YORK, NY 10003

**FEI Number:** 26-3994817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MERKEL, PAMELA  
1200 CHERRY STREET NE  
4  
SAINT PETERSBURG, FL 33701 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: MERKEL, PAMELA L  
Address: 1200 CHERRY STREET NE #4  
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: MGRM  
Name: QUINLAN, THOMAS G  
Address: 1125 CHERRY STREET NE  
City-St-Zip: ST PETERSBURG, FL 33701

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: PAMELA L. MERKEL

CTO

04/29/2010

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