

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012405

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** ADULT & CHILD MENTAL HEALTH CARE, LLC

**Current Principal Place of Business:**

6550 TERRASANTA  
PENSACOLA, FL 32501

**New Principal Place of Business:**

6706 N. 9TH AVE.  
B-5  
PENSACOLA, FL 32504

**Current Mailing Address:**

6550 TERRASANTA  
PENSACOLA, FL 32501

**New Mailing Address:**

6706 N. 9TH AVE.  
B-5  
PENSACOLA, FL 32504

FEI Number: 26-4804419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATTHEWS, EDSEL F JR.  
308 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502 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: ADAMS, KAREN P  
Address: 6550 TERRASANTA  
City-St-Zip: PENSACOLA, FL 32504

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: KAREN ADAMS

MGRM

03/19/2010

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