

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014770

FILED
Feb 23, 2010
Secretary of State

Entity Name: ALPHA OUTPATIENT CENTER, LLC

Current Principal Place of Business:

518 SW PRIMA VISTA BLVD
PORT-ST-LUCIE, FL 34954

New Principal Place of Business:

2247 PALM BEACH LAKES BLVD
SUITE 108
PORT-ST-LUCIE, FL 34983

Current Mailing Address:

2247 PALM BEACH LAKES BLVD
SUITE 103
WEST PALM BEACH, FL 33409

New Mailing Address:

2247 PALM BEACH LAKES BLVD
SUITE 108
PORT-ST-LUCIE, FL 34983

FEI Number: 26-4257490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVAL, ERNEST
3072 GRANDIFLORA DR
GREENACRES, FL 33467 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: MGR
Name: ROZEFORT, EDELYNE
Address: 7446 BRUNSWICK CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGR
Name: DUVAL, YANIQUE
Address: 2247 PALM BEACH LAKES BLVD SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33409

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: YANIQUE DUVAL

MGR

02/23/2010

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