

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017120

FILED
Jan 09, 2010
Secretary of State

Entity Name: CENTER FOR PSYCHIATRY AND BEHAVIORAL HEALTH, LLC

Current Principal Place of Business:

1015 STATE RD 436
STE 229
CASSELBERRY, FL 32707

New Principal Place of Business:

1015 STATE ROAD 436
STE 229
CASSELBERRY, FL 32707

Current Mailing Address:

1015 STATE RD 436
STE 229
CASSELBERRY, FL 32707

New Mailing Address:

1015 STATE ROAD 436
STE 229
CASSELBERRY, FL 32707

FEI Number: 26-4306677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, RICHARD L
1429 ROSE TERRACE
APOPKA, FL 32703 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: JONES, RICHARD L
Address: 1429 ROSE TERRACE
City-St-Zip: APOPKA, FL 32703

Title: MGRM
Name: JONES, NAOMI V
Address: 1429 ROSE TERRACE
City-St-Zip: APOPKA, FL 32703

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: RICHARD L. JONES

MGR

01/09/2010

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