

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000017120

FILED
Feb 16, 2011
Secretary of State

Entity Name: CENTER FOR PSYCHIATRY AND BEHAVIORAL HEALTH, LLC

Current Principal Place of Business:

1015 STATE ROAD 436
STE 229
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

1015 STATE ROAD 436
STE 229
CASSELBERRY, FL 32707

New Mailing Address:

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:

JONES, RICHARD L
8413 RIVER BRANCH PLACE
SANFORD, FL 32771 US

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:

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JONES, RICHARD L
Address: 8413 RIVER BRANCH PLACE
City-St-Zip: SANFORD, FL 32771

Title: MGRM
Name: JONES, NAOMI V
Address: 8413 RIVER BRANCH PLACE
City-St-Zip: SANFORD, FL 32771

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

MGRM

02/16/2011

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