2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

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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
8413 RIVER BRANCH PLACE
SANFORD, FL 32771 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: 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 Statues.

SIGNATURE: RICHARD L JONES MGR 01/12/2012

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