

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037906

FILED
Mar 12, 2011
Secretary of State

Entity Name: PSYCHIATRIC CARE CENTER, LLC

Current Principal Place of Business:

342 E BLOOMINGDALE AVE
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

342 E BLOOMINGDALE AVE
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 26-4699664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, DEVINE D MD
342 E BLOOMINGDALE AVE
BRANDON, FL 33511 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: CHARLES D. DEVINE, M.D., P.A.
Address: 342 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM
Name: KATHLEEN M. CARROLL, M.D., P.A.
Address: 342 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511 US

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: CHARLES DEVINE, MD

MGRM

03/12/2011

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