2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2012
Secretary of State

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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 Statues.

SIGNATURE: CHARLES DEVINE, MD MGRM 02/19/2012

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