

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055267

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** GEORGIA TOTAL CARE, LLC

**Current Principal Place of Business:**

4731 WEST ATLANTIC AVE., SUITE B-21  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4731 WEST ATLANTIC AVE., SUITE B-21  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 27-0332360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SITNER, ROBERT R PSY.D.  
4731 WEST ATLANTIC AVE., SUITE B-21  
DELRAY BEACH, FL 33445 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:** SITNER, ROBERT R PSY.D.  
**Address:** 4731 WEST ATLANTIC AVE., SUITE B-21  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** MGRM  
**Name:** BOTTARI, STEVEN PH.D.  
**Address:** 4731 WEST ATLANTIC AVE., SUITE B-21  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** MGRM  
**Name:** MITTELDORF, BRIAN D.C.  
**Address:** 4731 WEST ATLANTIC AVE., SUITE B-21  
**City-St-Zip:** DELRAY BEACH, FL 33445

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:** ROBERT SITNER

MGRM

01/04/2011

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