

LD9000073683

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

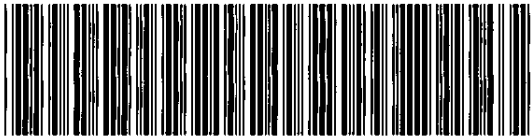
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800177909758

AC 4/29/10  
E. DENNARD

**Malave, Erin**

---

**From:** Ed Chambers [echambers@advancedtaxcentre.com]  
**Sent:** Tuesday, April 27, 2010 9:13 AM  
**To:** CorpAddressChange  
**Cc:** angie@beltranhealth.com  
**Subject:** Beltran Behavioral Health, L.L.C.

**Change of Business Address**

**File Number:** L09000073683  
**Business Name:** Beltran Behavioral Health, L.L.C.  
**FEI/EIN Number:** 27-1248428

**Principal Place of Business should be:**

3214 Hillsdale Lane  
Kissimmee, FL 34741

**Mailing Address should be:**

3214 Hillsdale Lane  
Kissimmee, FL 34741

**Managing Member/Manager Name and Address should be:**

**Name and Address #1**  
Beltran, John  
3214 Hillsdale Lane  
Kissimmee, FL 34741

**Name and Address #2**  
Beltran, Angie  
3214 Hillsdale Lane  
Kissimmee, FL 34741