2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# L09000094668

Entity Name: SUMMIT MENTAL HEALTH SERVICES, PLLC

Current Principal Place of Business:

421 SHADY PINE COURT
MINNEOLA, FL 34715 US

New Principal Place of Business:

244 EAST HIGHLAND AVENUE
CLERMONT, FL 34711 US

Current Mailing Address:

421 SHADY PINE COURT
MINNEOLA, FL 34715 US

New Mailing Address:

244 EAST HIGHLAND AVENUE
CLERMONT, FL 34711 US

FEI Number: 27-1041416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: JOHNSON, ASHLEA
Address: PO BOX 754
City-St-Zip: MINNEOLA, FL 34755 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: ASHLEA JOHNSON LCSW 04/27/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date