

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094668

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** SUMMIT MENTAL HEALTH SERVICES, PLLC

**Current Principal Place of Business:**

244 EAST HIGHLAND AVENUE  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

**Current Mailing Address:**

244 EAST HIGHLAND AVENUE  
CLERMONT, FL 34711 US

**New Mailing Address:**

**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 Statutes.

SIGNATURE: ASHLEA JOHNSON, LCSW

OWNE

04/19/2011

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