

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023179

**FILED  
Apr 12, 2011  
Secretary of State**

**Entity Name:** FLORIDA MENTAL HEALTH SERVICES LLC

**Current Principal Place of Business:**

14614 SW 143 CT.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14614 SW 143 CT.  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 01-0951741

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CARTAYA, ROSA MARIA  
14614 SW 143 CT.  
MIAMI, FL 33186 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: CARTAYA, ROSA MARIA  
Address: 14614 SW 143 CT.  
City-St-Zip: MIAMI, FL 33186

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: ROSA MARIA CARTAYA

MGRM

04/12/2011

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