2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# L10000078822

Entity Name: FLORIDA MENTAL HEALTH & EAP SERVICES, LLC

Current Principal Place of Business:

7345 WEST SANDLAKE ROAD
SUITE 226
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 536064
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 27-3141858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PENNYCOOKE, ANTOINLETE C
7345 WEST SANDLAKE ROAD
SUITE 226
ORLANDO, FL 32819 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: PENNYCOOKE, ANTOINLETE C
Address: 7345 WEST SANDLAKE ROAD SUITE 226
City-St-Zip: ORLANDO, FL 32819

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: ANTOINLETE PENNYCOOKE MGRM 04/29/2011

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