

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086368

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BEHAVIORAL HEALTH SCIENCES OF WEST FLORIDA, LLC

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PARK PLAZA  
LEGAL DEPARTMENT  
NASHVILLE, TN 37203 US

**New Mailing Address:**

**FEI Number:** 36-4675890      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: CLIFTON, STEVEN E  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR  
Name: STINNETT, DONALD W  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR  
Name: RUTHERFORD, WILLIAM B  
Address: ONE PARK PLAZA  
City-St-Zip: NASHVILLE, TN 37203 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: STEVEN E. CLIFTON

MGR

04/30/2012

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