

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122283

**FILED  
May 01, 2012  
Secretary of State**

**Entity Name:** HOPE FOR TOMORROW MENTAL HEALTH SERVICES, LLC

**Current Principal Place of Business:**

121 S. ORLANDO AVE, STE 1500  
ORLANDO, FL 32801

**New Principal Place of Business:**

393 CENTER POINTE CIRCLE  
SUITE 1415  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

121 S. ORLANDO AVE, STE 1500  
ORLANDO, FL 32801

**New Mailing Address:**

P.O. BOX 954  
APOPKA, FL 32704

FEI Number: 27-4181637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATLER, CAROL  
301 E PINE STREET  
SUITE 150  
ORLANDO, FL 32801 US

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

WATLER, CAROL  
393 CENTER POINTE CIRCLE  
SUITE 1415  
ALTAMONTE SPRINGS, FL 32701 US

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: CAROL WATLER

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WATLER, CAROL  
Address: 393 CENTER POINTE CIRCLE SUITE 1415  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: CAROL WATLER

MGRM

05/01/2012

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