

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000041940

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** OPTIMUM MENTAL HEALTH SERVICES,"LLC"

**Current Principal Place of Business:**

472 TULANE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

472 TULANE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

559 HIAWATHA PALM PLACE  
APOPKA, FL 32712 US

**FEI Number:** 45-1580527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PHILLIPS, LASCELLS M  
472 TULANE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

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

PHILLIPS, LASCELLS M  
559 HIAWATHA PALM PLACE  
APOPKA, FL 32712 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:**

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PHILLIPS, LASCELLS M  
**Address:** 559 HIAWATHA PALM PLACE  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** MGRM  
**Name:** PHILLIPS, ROWENA D  
**Address:** 559 HIAWATHA PALM PLACE  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** MGRM  
**Name:** PHILLIPS, LISA M  
**Address:** 472 TULANE DRIVE  
**City-St-Zip:** APOPKA, FL 32712 US

**Title:** MGRM  
**Name:** PHILLIPS, KERI-ANN S  
**Address:** 559 HIAWATHA PALM PLACE  
**City-St-Zip:** APOPKA, FL 32712 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:** LASCELLS M. PHILLIPS, LCSW

MGRM

04/30/2012

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