

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000063543

**FILED**  
**May 23, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH MENTAL HEALTH LLC

**Current Principal Place of Business:**

9421 EAST CALUSA CLUB DRIVE  
MIAMI, FL 33186

**New Principal Place of Business:**

14000 S. MILITARY TRAIL  
SUITE 102A  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

9421 EAST CALUSA CLUB DRIVE  
MIAMI, FL 33186

**New Mailing Address:**

14000 S. MILITARY TRAIL  
SUITE 102A  
DELRAY BEACH, FL 33484

**FEI Number:** 45-1483068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

CHARLES, RAELE  
14000 S. MILITARY TRAIL  
SUITE 102A  
DELRAY BEACH, FL 33484 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: CHARLES RAELE

05/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAELE, CHARLES MD  
Address: 260 SE MIZNER BLVD, APT 612  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR  
Name: RAELE, CHARLES  
Address: 3232 CORAL WAY #1504  
City-St-Zip: CORAL GABLES, FL 33145

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: CHARLES RAELE

MGR

05/23/2012

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