

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099762

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** IKARE BEHAVIORAL HEALTH SERVICES, LLC

**Current Principal Place of Business:**

1816 NW 183 STREET  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

1816 NW 183 STREET  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

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

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

MINCY, SOYICA Q  
1816 NW 183 STREET  
MIAMI GARDENS, FL 33056      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: JACKSON, REGINA  
Address: 1816 NW 183 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: MGR  
Name: MINCY, SOYICA Q  
Address: 1816 NW 183 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: MGR  
Name: GARY, TORRANCE  
Address: 1816 NW 183 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

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: SOYCIA MINCY

MGR

04/21/2012

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