

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101867

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** NEUROPSYCHIATRIC INSTITUTE, LLC

**Current Principal Place of Business:**

4107 W. SPRUCE STREET, SUITE 100  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

4107 W. SPRUCE STREET, SUITE 100  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 45-3412926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AEBEL, ERIN SMITH ESQ  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BOULEVARD, SUITE 2800  
TAMPA, FL 33602 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:** AFIELD, WALTER E  
**Address:** 4107 W. SPRUCE STREET, SUITE 100  
**City-St-Zip:** TAMPA, FL 33607

**Title:** MGR  
**Name:** BARROR-LEVINE, JENNIFER  
**Address:** 4107 W. SPRUCE STREET, SUITE 100  
**City-St-Zip:** TAMPA, FL 33607

**Title:** MGR  
**Name:** AFIELD, TED  
**Address:** 4107 W. SPRUCE STREET, SUITE 100  
**City-St-Zip:** TAMPA, FL 33607

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:** WALTER E. AFIELD

MGR

02/28/2012

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