

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052901

Entity Name: THE PAVILION AT HEALTHPARK, LLC

Current Principal Place of Business:

9241 PARK ROYAL DR
FORT MYERS, FL 33908

Current Mailing Address:

9241 PARK ROYAL DR
FORT MYERS, FL 33908

FEI Number: 26-2955988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name ACADIA HEALTHCARE COMPANY,
INC.
Address 9241 PARK ROYAL DR
City-State-Zip: FORT MYERS FL 33908

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ACADIA HEALTHCARE COMPANY, INC.

MEMBER

04/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date