

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000099734

Entity Name: CENTRAL FLORIDA MENTAL HEALTH ASSOCIATES, LLC

Current Principal Place of Business:

1025 W. NEW YORK AVE SUITE 3
DELAND, FL 32720

Current Mailing Address:

3146 DEER TRAIL
DELAND, FL 32724

FEI Number: 27-1127371

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCBRIDE, TRAVIS M
3146 DEER TRAIL
DELAND, FL 32724 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 MGR
Name MCBRIDE, TRAVIS M
Address 3146 DEER TRAIL
City-State-Zip: DELAND FL 32724

Title MGR
Name MCBRIDE, AUTUMN
Address 3146 DEER TRAIL
City-State-Zip: DELAND FL 32724

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: TRAVIS MCBRIDE

MGR

03/21/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date