

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000098036

**Entity Name:** SANTIAGO MENTAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

2931 NE 1ST DRIVE  
HOMESTEAD , FL 33033

**Current Mailing Address:**

2931 NE 1ST DRIVE  
HOMESTEAD , FL 33033 US

**FEI Number:** 46-4856912

**Certificate of Status Desired:** No

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

SANTIAGO-GUIA, RINA S PSYD  
2931 NE 1ST DRIVE  
HOMESTEAD , FL 33033 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:** RINA S SANTIAGO-GUIA, PSYD

01/07/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANTIAGO-GUIA, RINA S  
Address 2931 NE 1ST DRIVE  
City-State-Zip: HOMESTEAD FL 33033

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RINA S. SANTIAGO-GUIA

LICENSED  
PSYCHOLOGIST

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date