

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035794

Entity Name: MONROSE CLINIC, ASSOCIATES FOR PSYCHOLOGICAL
MEDICINE, PLLC

Current Principal Place of Business:

6310 BEACH BLVD
#100
JACKSONVILLE, FL 32216

Current Mailing Address:

6310 BEACH BLVD
#100
JACKSONVILLE, FL 32216 US

FEI Number: 59-3033202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAH, ATUL MM.D.
6310 BEACH BLVD
#100
JACKSONVILLE, FL 32216 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 MGRM
Name SHAH, ATUL M MD
Address 6310 BEACH BLVD
#100
City-State-Zip: JACKSONVILLE FL 32216

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: ATUL SHAH

OFFICE MANAGER

02/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date