

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000116503

Entity Name: FAMILY PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

7473 SANDSTONE STREET
NAVARRE, FL 32566

Current Mailing Address:

7473 SANDSTONE STREET
NAVARRE, FL 32566

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREW & CREW, P.A.
238 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548 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 HART, NANCY D
Address 7473 SANDSTONE STREET
City-State-Zip: NAVARRE FL 32566

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: NANCY D. HART

MANAGER

08/31/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date