

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000097425

Entity Name: DANIEL A. BROOKS, MD TELEPSYCHIATRY SERVICES, LLC

Current Principal Place of Business:

9881 WILSON AVENUE
SEMINOLE, FL 33776

Current Mailing Address:

POST OFFICE BOX 4750
SEMINOLE, FL 33775

FEI Number: 27-3481685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOKS, DANIEL AMD
9881 WILSON AVENUE
SEMINOLE, FL 33776 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 BROOKS, DANIEL AMD
Address 9881 WILSON AVENUE
City-State-Zip: SEMINOLE FL 33776

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: DANIEL A. BROOKS, MD

MANAGER

04/18/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date