2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2017
Secretary of State
CC8850763476

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Entity Name: PERSONALIZED PSYCHIATRY, LLC

Current Principal Place of Business:

PERSONALIZED PSYCHIATRY LLC
300 S HYDE PARK AVE STE 120
TAMPA, FL 33606

Current Mailing Address:

PERSONALIZED PSYCHIATRY LLC
300 S HYDE PARK AVE STE 120
TAMPA, FL 33606 US

FEI Number: 45-2603732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GETTES, RUTH DR.
300 S HYDE PARK AVE
STE 120
TAMPA, FL 33606 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	AUTHORIZED REPRESENTATIVE
Name	HOWARD, TUCH AUTHORIZED
Address	RUTH GETTES/PERSONALIZED PSYCH 1805 W RICHARDSON PL
City-State-Zip:	TAMPA FL 33606

Title	CHAIRMAN
Name	GETTES, RUTH DR.
Address	PERSONALIZED PSYCHIATRY 300 S HYDE PARK AVE STE 120
City-State-Zip:	TAMPA FL 33606

Title	AUTHORIZED REPRESENTATIVE
Name	ALEXANDER, TUCH
Address	580 JEAN ST #8
City-State-Zip:	OAKLAND CA 94610

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: RUTH GETTES PRINCIPAL 05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date