

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000071890

Entity Name: PERSONALIZED PSYCHIATRY, LLC

Current Principal Place of Business:

PERSONALIZED PSYCHIATRY LLC
1805 W RICHARDSON PLACE
TAMPA, FL 33606

Current Mailing Address:

PERSONALIZED PSYCHIATRY LLC
1805 W RICHARDSON PLACE
TAMPA, FL 33606 US

FEI Number: 45-2603732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GETTES, RUTH DR.
PERSONALIZED PSYCHIATRY LLC
1805 W RICHARDSON PLACE
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 CHARLES
Address 4521 PLEASANT VALLEY CT. N
City-State-Zip: OAKLAND CA 94611

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 MD

CHAIRMAN

02/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date