

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000071890

Entity Name: PERSONALIZED PSYCHIATRY, LLC

Current Principal Place of Business:

13902 N. DALE MABRY HWY
STE 134
TAMPA, FL 33618

Current Mailing Address:

13902 N. DALE MABRY HWY, STE. 134
TAMPA, FL 33618

FEI Number: 45-2603732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GETTES, RUTH DR.
13902 N. DALE MABRY HWY
STE 134
TAMPA, FL 33618 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 DR.
Name HOWARD, TUCH AUTHORIZED
Address 3324 WESTMORELAND DRIVE
City-State-Zip: TAMPA FL 33618

Title MGRM
Name GETTES, RUTH DR.
Address 13902 N. DALE MABRY HWY, STE. 134
City-State-Zip: TAMPA FL 33618

Title MR
Name ALEXANDER, TUCH
Address 13902 N. DALE MABRY STE 134
City-State-Zip: TAMPA FL 33618

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

MANAGER

06/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date