

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000029147

Entity Name: PSYCHIATRIC CARE CONSULTANTS, LLC

Current Principal Place of Business:

2316 HILLCREST STREET
ORLANDO, FL 32803

Current Mailing Address:

2316 HILLCREST STREET
ORLANDO, FL 32803 US

FEI Number: 45-4667694

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BELOSO, JUAN
14225 LUDGATE HILL LANE
ORLANDO, FL 32828 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 MONTES, STELLA
Address 2316 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

Title MGR
Name BELOSO, JUAN
Address 2316 HILLCREST STREET
City-State-Zip: ORLANDO FL 32803

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: JUAN BELOSO

ADMINISTRATOR

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date