**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 04, 2018**
**Secretary of State**
**CC5971632473**

DOCUMENT# L15000110401

**Entity Name:** COMPREHENSIVE PSYCHIATRIC ASSOCIATES LLC

**Current Principal Place of Business:**

508 EAST GARDEN STREET
LAKELAND, FL 33805

**Current Mailing Address:**

3126 HIGHLANDS LAKEVIEW CIRCLE
LAKELAND, FL 33812 US

**FEI Number: 81-1879336**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAHAN, ISRAT
3126 HIGHLANDS LAKEVIEW CIR
LAKELAND, FL 33812 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 | CHAIRMAN |
| Name | JAHAN, ISRAT |
| Address | 3126 HIGHLANDS LAKEVIEW CIRCLE |
| City-State-Zip: | LAKELAND FL 33812 |

*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: ISRAT JAHAN MANAGING MEMBER 03/04/2018

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