

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000165205

Entity Name: PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

783 TRAMORE LANE
NAPLES, FL 34108

Current Mailing Address:

783 TRAMORE LANE
NAPLES, FL 34108

FEI Number: 81-3786148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEWRELL, TRACEY K
4231 PINE RIDGE ROAD
NAPLES, FL 34119 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 MGR
Name HALIKAS, JAMES A
Address 783 TRAMORE LANE
City-State-Zip: NAPLES FL 34108

Title AMBR
Name HALIKAS, ANNA M
Address 783 TRAMORE LANE
City-State-Zip: NAPLES FL 34108

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: JAMES HALIKAS

MANAGER

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date