

**2021 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:**

HALIKAS, JAMES A DR.  
783 TRAMORE LANE  
NAPLES, FL 34108 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:** JAMES HALIKAS

03/07/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

MANAGER

03/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date