2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000030967

1. Entity Name PSYCHIATRIC REALTY, LLC

FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12641 WORLD PLAZA LANE #56 FORT MYERS, FL 33907

12641 WORLD PLAZA LANE #56 FORT MYERS, FL 33907



04022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1170400

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TROIANO, JOSEPH A 2320 FIRST ST., STE. 1000 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

				;
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent)			gent signature required when roinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS GITY - ST - ZIP	MGR BUCHHOLZ, ROBERT A M.D. 12641 WORLD PLAZA LANE #56 FORT MYERS, FL 33907			U00000!10467 04/12/04-80084-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				010 10707 00007 012 00.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY+ST-ZIP			IN 7	THIS SPACE
NAME STREET ADDRESS CITY ST-ZIP				
TITLE				

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receipt or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

BUCHBOLZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE