

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000036960

1. Entity Name
PALM BEACH PSYCH.SERVICES, LLC



Principal Place of Business
**FIVE HARVARD CIRCLE - SUITE 109
WEST PALM BEACH, FL 33409**

Mailing Address
**FIVE HARVARD CIRCLE - SUITE 109
WEST PALM BEACH, FL 33409**



02152008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1083223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAUDREAU, LOUISE P PH.D.
FIVE HARVARD CIRCLE
W. PALM BEACH, FL 33409**

**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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000851111
03/25/08-80026-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXAKIS-LANIGAN, YIANOULA FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, MARY ANN K FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAUDREAU, LOUISE P FIVE HARVARD CIRCLE - SUITE 109 WEST PALM BEACH, FL 33409
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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 608, Florida Statutes.

SIGNATURE: *Louise P. Gaudreau*

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

Date

Daytime Phone #