

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040719

FILED
Apr 29, 2004
Secretary of State

Entity Name: FLORIDA PSYCHIATRIC MANAGEMENT, LLC

Current Principal Place of Business:

8627 S.W. 42ND PLACE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

8627 S.W. 42ND PLACE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MANDELKERN, I. PAUL
215 N. EOLA DR.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MARTIN, LAZORITZ, M.D.
Address: 8627 S.W. 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR () Change (X) Addition
Name: GOODMAN, WAYNE K M.D.
Address: 8627 S.W. 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR () Change (X) Addition
Name: MCANANEY, MICHAEL W PH.D
Address: 8627 S.W. 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR () Change (X) Addition
Name: MANDELKERN, PAUL I
Address: 450 SOUTH ORANGE AVENUE, SUITE 800
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: I. PAUL MANDELKERN MGR 04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date