


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90031 020 ****50.00

DOCUMENT # L03000040719	
1. Entity Name FLORIDA PSYCHIATRIC MANAGEMENT, LLC	

Principal Place of Business 8627 S.W. 42ND PLACE GAINESVILLE, FL 32608	Mailing Address 8627 S.W. 42ND PLACE GAINESVILLE, FL 32608
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20058536

2. Principal Place of Business 5219 NW 50th Ave	3. Mailing Address P.O. Box 358568
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Gainesville, FL 32653	City & State Gainesville FL
Zip 32653	Country U.S.
Zip 32635	Country U.S.



04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1992394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MANDELKERN, I. PAUL 215 N. EOLA DR. ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

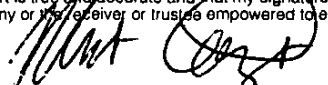
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, LAZORITZ, M.D. 8627 S.W. 42ND PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOODMAN, WAYNE K M.D. 8627 S.W. 42ND PLACE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCANANEY, MICHAEL W PH.D 8627 S.W. 42ND PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MANDELKERN, PAUL I 450 SOUTH ORANGE AVENUE, SUITE 800 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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 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:  **MARTIN LAZORITZ** **5/3/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #