

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040719

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: FLORIDA PSYCHIATRIC MANAGEMENT, LLC

**Current Principal Place of Business:**

5219 NW 50TH LANE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

2 COLE WAY  
PALM COAST, FL 32137

**Current Mailing Address:**

P O BOX 358568  
GAINESVILLE, FL 32635

**New Mailing Address:**

2 COLE WAY  
PALM COAST, FL 32137

FEI Number: 34-1992394

FEI Number Applied For ( )

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/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARTIN, LAZORITZ, M.D.  
Address: 1108 NE 106TH PLACE  
City-St-Zip: KIRKLAND, WA 98033 US

Title: MGR (X) Change ( ) Addition  
Name: MCANANEY, MICHAEL W PH.D  
Address: 2 COLE WAY  
City-St-Zip: PALM COAST, FL 32137 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL MCANANEY PHD

COO

04/14/2006

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