

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90077 029 \*\*\*\*\*50.00

DOCUMENT # L03000040719

1. Entity Name

FLORIDA PSYCHIATRIC MANAGEMENT, LLC



Principal Place of Business

Mailing Address

2 COLE WAY  
PALM COAST FL 32137

2 COLE WAY  
PALM COAST FL 32137

2. Principal Place of Business - No P.O. Box #

5219 NW 50th Lane

3. Mailing Address

P.O. Box 358568

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32653

Country

US

Zip

32653

Country

US

4. FEI Number

34-1992394

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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 Michael McAnaney, PhD

Street Address (P.O. Box Number is Not Acceptable)

5219 NW 50th Lane

City

Gainesville

FL

Zip Code

32653

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

Michael McAnaney, PhD

2/21/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: MARTIN, LAZORITZ, M.D.  
STREET ADDRESS: 1108 NE 106TH PLACE  
CITY-ST-ZIP: KIRKLAND WA 98033 ☐ Delete

TITLE: MGR  
NAME: MCANANEY, MICHAEL W PH.D  
STREET ADDRESS: 2 COLE WAY  
CITY-ST-ZIP: PALM COAST FL 32137 ☒ Delete

TITLE: MGR  
NAME: MANDELKERN, PAUL I  
STREET ADDRESS: 450 SOUTH ORANGE AVENUE, SUITE 800  
CITY-ST-ZIP: ORLANDO FL 32801 ☒ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: MGR ☒ Change ☐ Addition  
NAME: McAnaney, Michael W PhD  
STREET ADDRESS: 5219 NW 50th Lane  
CITY-ST-ZIP: Gainesville, FL 32653

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael McAnaney PhD

2/21/07

352 281-4587

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

Date

Daytime Phone #