

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085926

FILED
Mar 22, 2009
Secretary of State

Entity Name: GERIATRIC & ADULT PSYCHIATRIC SERVICES, LLC

Current Principal Place of Business:

8203 NW 31ST AVE
APT. E-25
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

8203 NW 31ST . AVE
APT. E-25
GAINESVILLE, FL 32606

New Mailing Address:

8203 NW 31ST AVE
APT. E-25
GAINESVILLE, FL 32606

FEI Number: 51-0599884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, ANNIE P
356 SW MIRACLE COURT
LAKE CITY, FL 32024 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: VANTERPOOL, JOYCELYN MD
Address: 8203 N.W. 31ST AVE, APT E 25
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOYCELYN VANTERPOOL

MGR

03/22/2009

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