

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000085926

**FILED**  
**Mar 18, 2010**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

8203 NW 31ST AVE  
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  
Name: VANTERPOOL, JOYCELYN MD  
Address: 8203 N.W. 31ST AVE, # E 25  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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,MD

MGR

03/18/2010

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