2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L07000099591

Entity Name: GAINESVILLE GENERAL PSYCHIATRY AND FORENSIC SERVICES, LLC

Current Principal Place of Business:

1026 SOUTHEAST SECOND AVENUE SUITE C
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

1026 SOUTHEAST SECOND AVENUE SUITE C
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 35-2321120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANTHONY, FRANK N MD
4455 SW 34TH STREET UU 253
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

ANTHONY, FRANK N MD
1026 SOUTHEAST SECOND AVENUE
SUITE C
GAINESVILLE, FL 32601 US

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: 04/23/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANTHONY, FRANK A
Address: 4455 SW 34TH STREET UU 253
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANTHONY, FRANK N MD
Address: 4455 SW 34 STREET UU253
City-St-Zip: GAINESVILLE, FL 32608

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: FRANK N. ANTHONY, M.D. MD 04/23/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date