

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017543

FILED
Mar 28, 2009
Secretary of State

Entity Name: GOVERNMENT PSYCHIATRY, L.L.C.

Current Principal Place of Business:

719 BEVILLE RD
S DAYTONA, FL 321191823

New Principal Place of Business:

Current Mailing Address:

P O BOX 290849
PORT ORANGE, FL 321290849

New Mailing Address:

FEI Number: 80-0153270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTERS, SHARON
719 BEVILLE RD
S DAYTONA, FL 321191823 US

Name and Address of New Registered Agent:

WINTERS, SHARON K
719 BEVILLE RD
S DAYTONA, FL 321191823 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: SHARON K WINTERS

03/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WINTERS, SHARON
Address: 719 BEVILLE RD
City-St-Zip: S DAYTONA, FL 321191823

Title: MGRM () Delete
Name: WINTERS, WILLIAM
Address: 719 BEVILLE RD
City-St-Zip: S DAYTONA, FL 321191823

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINTERS, SHARON K
Address: 719 BEVILLE RD
City-St-Zip: S DAYTONA, FL 321191823

Title: MGRM (X) Change () Addition
Name: WINTERS, WILLIAM C
Address: 719 BEVILLE RD
City-St-Zip: S DAYTONA, FL 321191823

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: SHARON K WINTERS

MGRM

03/28/2009

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