

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035794

FILED
Mar 23, 2011
Secretary of State

Entity Name: MONROSE CLINIC, ASSOCIATES FOR PSYCHOLOGICAL MEDICINE, PLLC

Current Principal Place of Business:

1545 HUFFINGHAM ROAD
JACKSONVILLE, FL 32216

New Principal Place of Business:

3627 UNIVERSITY BLVD. SOUTH
SUITE 615
JACKSONVILLE, FL 32216

Current Mailing Address:

1545 HUFFINGHAM ROAD
JACKSONVILLE, FL 32216

New Mailing Address:

3627 UNIVERSITY BLVD. SOUTH
SUITE 615
JACKSONVILLE, FL 32216

FEI Number: 59-3033202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, ATUL M M.D.
1545 HUFFINGHAM ROAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

SHAH, ATUL M M.D.
3627 UNIVERSITY BLVD SOUTH
SUITE 615
JACKSONVILLE, FL 32216 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: _____

03/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MD
Name: SHAH, ATUL M M.D.
Address: 3627 UNIVERSITY BLVD SOUTH STE 615
City-St-Zip: JACKSONVILLE, FL 32216

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: ATUL M SHAH

MD

03/23/2011

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