2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# L08000054860

Entity Name: GAINESVILLE PSYCHIATRY @ TIOGA, P.L.

Current Principal Place of Business:

12921 SW 1ST ROAD
SUITE 217
TIOGA, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

12921 SW 1ST ROAD
SUITE 217
TIOGA, FL 32669 US

New Mailing Address:

FEI Number: 26-2753978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOUCHTON-WILLIAMS, ALEXIS M.D.
8818 NW 10TH PLACE
GAINESVILLE, FL 32606 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: MGRM
Name: TOUCHTON-WILLIAMS, ALEXIS M.D.
Address: 12921 SW 1ST ROAD, SUITE 217
City-St-Zip: TIOGA, FL 32669 US

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 Statues.

SIGNATURE: ALEXIS TOUCHTON-WILLIAMS, M.D. M.D. 01/07/2011

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