

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090320

**Entity Name:** JOSHI PSYCHIATRY LLC

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

100 EXECUTIVE WAY  
SUITE 200  
PONTE VEDRA, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

100 EXECUTIVE WAY  
SUITE 200  
PONTE VEDRA, FL 32082

**New Mailing Address:**

FEI Number: 26-3423616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSHI, NANDITA M  
100 EXECUTIVE WAY  
SUITE 200  
PONTE VEDRA, FL 32082 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: MS.  
Name: JOSHI, NANDITA M  
Address: 100 EXECUTIVE WAY, SUITE 200  
City-St-Zip: PONTE VEDRA, FL 32082

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: NANDITA M. JOSHI

PRES

01/15/2012

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