

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030172

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** HEALTH AND PSYCHIATRIST CONSULTANTS, LLC

**Current Principal Place of Business:**

646 VIRGINIA ST  
3RD FLOOR  
DUNEDIN, FL 34698

**New Principal Place of Business:**

646 VIRGINIA ST  
3RD FLOOR SUITE 301  
DUNEDIN, FL 34698

**Current Mailing Address:**

646 VIRGINIA ST  
3RD FLOOR  
DUNEDIN, FL 34698

**New Mailing Address:**

646 VIRGINIA ST  
SUITE 301  
DUNEDIN, FL 34698

**FEI Number:** 26-4547620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EZAD, USMAN  
646 VIRGINIA ST  
3RD FLOOR  
DUNEDIN, FL 34698 US

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

EZAD, USMAN  
646 VIRGINIA ST  
SUITE 301  
DUNEDIN, FL 34698 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:

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EZAD, USMAN  
Address: 646 VIRGINIA ST, 3RD FLOOR  
City-St-Zip: DUNEDIN, FL 34698 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 Statutes.

SIGNATURE: USMAN EZAD

MGRM

04/06/2011

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