

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082931

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** PSYCHIATRIC CONSULTANTS OF FLORIDA, LLC

**Current Principal Place of Business:**

4440 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

3650 N. 36TH AVENUE  
VILLA #33  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 27-0841667      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BOBER, DANIEL I D.O.  
3650. N. 36TH AVENUE  
VILLA #33  
HOLLYWOOD, FL 33021 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:** BOBER, DANIEL I D.O.  
**Address:** 3650 N. 36TH AVENUE #33  
**City-St-Zip:** HOLLYWOOD, FL 33021 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: DANIEL I. BOBER

DR.

01/05/2010

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