

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000097425

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** DANIEL A. BROOKS, MD TELEPSYCHIATRY SERVICES, LLC

**Current Principal Place of Business:**

9881 WILSON AVENUE  
SEMINOLE, FL 33775

**New Principal Place of Business:**

9881 WILSON AVENUE  
SEMINOLE, FL 33776

**Current Mailing Address:**

9881 WILSON AVENUE  
SEMINOLE, FL 33775

**New Mailing Address:**

POST OFFICE BOX 4750  
SEMINOLE, FL 33775

**FEI Number:** 27-3481685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROOKS, DANIEL A MD  
9881 WILSON AVENUE  
SEMINOLE, FL 33775 US

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

BROOKS, DANIEL A MD  
9881 WILSON AVENUE  
SEMINOLE, FL 33776 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:

03/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROOKS, DANIEL A MD  
Address: 9881 WILSON AVENUE  
City-St-Zip: SEMINOLE, FL 33776

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 A. BROOKS MD

MGRM

03/30/2011

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