

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000115925

FILED
Mar 28, 2011
Secretary of State

Entity Name: FLORIDA PSYCHIATRIC GROUP, P.L.

Current Principal Place of Business:

20150 N. RIVER RD.
ALVA, FL 33920

New Principal Place of Business:

4461 CAMINO REAL WAY
FORT MYERS, FL 33966

Current Mailing Address:

20150 N. RIVER RD.
ALVA, FL 33920

New Mailing Address:

PO BOX 515
ALVA, FL 33920

FEI Number: 27-3962169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCKEY, JAMES O
14 W. WASHINGTON AVE.
LABELLE, FL 33935 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: ORTH, SCOTT S DO
Address: PO BOX 515
City-St-Zip: ALVA, FL 33920

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: SCOTT S. ORTH, DO

MGRM

03/28/2011

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