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2019 APR -1 AM 10:35
CLERK OF COURT
JAN 15 2019

N CULLIGAN

4/6/19

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Balanced Psychiatric Solutions, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer J. Gould, M.D.

Name of Person

Balanced Psychiatric Solutions, PLLC

Firm/Company

6131 10th Avenue South

Address

Gulfport, FL 33707

City/State and Zip Code

jennygould90@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer J. Gould, M.D.

404

433-1037

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2019

JENNIFER J. GOULD, M.D.
6131 10TH AVENUE SOUTH
GULFPORT, FL 33707

SUBJECT: BALANCED PSYCHIATRIC SOLUTIONS, PLLC
Ref. Number: W19000029758

We have received your document for BALANCED PSYCHIATRIC SOLUTIONS, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 919A00005943



Jenny Gould, M.D.

1101 9th Avenue North
St. Petersburg, FL 33705
727/308-3341 – office
727/216-2193 – fax

April 1, 2019

Department of State
Division of Corporations
New Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Balanced Psychiatric Solutions, PLLC
Articles of Incorporation – Document # W19000029758

To Whom It May Concern:

Balanced Psychiatric Solutions, PLLC, a limited liability corporation was dissolved and papers filed on March 15, 2019.

The business name, Balanced Psychiatric Solutions, PLLC, is going to be reused in the paperwork that has been submitted for a sole proprietorship. The articles of dissolution of the prior entity will not be reopened. The business name and owner are the same for the prior entity and the new entity.

Your assistance in registering this new entity is greatly appreciated.

Respectfully,

Jennifer J. Gould, MD
Board Certified Psychiatrist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Balanced Psychiatric Solutions, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6131 10th Avenue South

Gulfport, FL 33707

Mailing Address:

6131 10th Avenue South

Gulfport, FL 33707

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jennifer J. Gould, M.D.

Name

6131 10th Avenue South

Florida street address (P.O. Box **NOT** acceptable)

Gulfport

FL

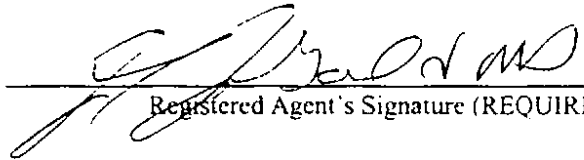
33707

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JACKSONVILLE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jennifer J. Gould, M.D.

6131 10th Avenue South

Gulfport, FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/31/2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Practice of Medicine by licensed medical practioners

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Jennifer J. Gould, M.D.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)