

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002255

1. Entity Name

JACKSONVILLE PSYCHIATRIC SERVICES, P.L.

Principal Place of Business

6428 BEACH BOULEVARD
JACKSONVILLE FL 32216

Mailing Address

6428 BEACH BOULEVARD
JACKSONVILLE FL 32216

FILED
01 JUL 31 AM 8 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6410 BEACH BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

6410 BEACH BOULEVARD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

U.S.A.

Zip

32216

Country

U.S.A.

4. FEI Number

59-3573713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHESHIRE, DAVID W M.D.
6428 BEACH BOULEVARD
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: DAVID W. CHESHIRE, M.D.
Street Address (P.O. Box Number is Not Acceptable)
6410 BEACH BOULEVARD
City: JACKSONVILLE FL Zip Code: 32216

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

700004524287--5
-08/08/01--01051--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: CHESHIRE, DAVID W M.D.
STREET ADDRESS: 6428 BEACH BOULEVARD
CITY-ST-ZIP: JACKSONVILLE FL 32216 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: DAVID W. CHESHIRE, M.D.
STREET ADDRESS: 6410 BEACH BOULEVARD
CITY-ST-ZIP: JACKSONVILLE, FLORIDA 32216 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)