

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90089 015 *****50.00

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1. Entity Name
JACKSONVILLE PSYCHIATRIC SERVICES, P.L.



Principal Place of Business
**6410 BEACH BOULEVARD
JACKSONVILLE, FL 32216**

Mailing Address
**6410 BEACH BOULEVARD
JACKSONVILLE, FL 32216**



2. Principal Place of Business
3599 UNIVERSITY BLVD

Suite, Apt. #, etc.
400

400

City & State
JACKSONVILLE FL

Zip Country
32216 DUVAL

3. Mailing Address
3599 UNIVERSITY BLVD

Suite, Apt. #, etc.
400

400

City & State
JACKSONVILLE FL

Zip Country
32216 DUVAL

01212006 Chg-LLC CR2E083 (11/05)

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.
6410 BEACH BOULEVARD
JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3599 UNIVERSITY BLVD

STE 400

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHESHIRE, DAVID W M.D.
6410 BEACH BOULEVARD
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3599 UNIVERSITY BLVD STE 400
JACKSONVILLE FL 32216** ☒ Change ☐ Addition

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

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

TITLE
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☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/30/06

Date

Daytime Phone #