

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L99000002255**

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



Principal Place of Business  
**3599 UNIVERSITY BLVD  
400  
JACKSONVILLE, FL 32216**

Mailing Address  
**3599 UNIVERSITY BLVD  
400  
JACKSONVILLE, FL 32216**



01172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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.  
3599 UNIVERSITY BLVD  
400  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CHESHIRE, DAVID W M.D.  
3599 UNIVERSITY BLVD, STE 400  
JACKSONVILLE, FL 32216**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000803862  
02/05/08-80043-012 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #