

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002255

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD  
400  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

3599 UNIVERSITY BLVD  
400  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-3573713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHESHIRE, DAVID W M.D.  
3599 UNIVERSITY BLVD  
400  
JACKSONVILLE, FL 32216 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: CHESHIRE, DAVID W M.D.  
Address: 3599 UNIVERSITY BLVD, STE 400  
City-St-Zip: JACKSONVILLE, FL 32216

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: DAVID W CHESHIRE

MGRM

01/25/2010

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