

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001540

Entity Name: PSYCHIATRISTS ONLY, LLC

FILED
Apr 11, 2012
Secretary of State

Current Principal Place of Business:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919

New Principal Place of Business:

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919

New Mailing Address:

FEI Number: 27-1182696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR
Name: BRISTOW, KENT
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: MGR
Name: ROTH, GREG
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: AS
Name: STAIR, JOHN
Address: 265 BROOKVIEW CENTRE WAY, SUITE400
City-St-Zip: KNOXVILLE, TN 37919

Title: AT
Name: BELMAR, CAROLE
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

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: KENT BRISTOW

MGR

04/11/2012

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