

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111663

Entity Name: KEYSTONE BEHAVIORAL PEDIATRICS, LLC

Current Principal Place of Business:

6867 SOUTHPOINT DRIVE NORTH
SUITE 101
JACKSONVILLE, FL 32216

Current Mailing Address:

6867 SOUTHPOINT DRIVE NORTH
SUITE 101
JACKSONVILLE, FL 32216 US

FEI Number: 26-1430763

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALWELL, KATHERINE
6867 SOUTHPOINT DRIVE NORTH
SUITE 101
JACKSONVILLE, FL 32216 US

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

Authorized Person(s) Detail :

Title CEO
Name FALWELL, KATHERINE D.
Address 129 RETREAT PLACE
City-State-Zip: PONTE VEDRA BEACH FL 32082

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE FALWELL

CEO

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date