

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030172

Entity Name: HEALTH AND PSYCHIATRIST CONSULTANTS, LLC

Current Principal Place of Business:

2655 STATE RD 580
SUITE 202
CLEARWATER, FL 33761

Current Mailing Address:

2655 STATE ROAD 580
SUITE 202
CLEARWATER, FL 33761 US

FEI Number: 26-4547620

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EZAD, USMAN
2655 STATE RD 580
SUITE 202
CLEARWATER, FL 33761 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 DIRECTOR HR & DEVELOPMENT
Name EZAD, USMAN
Address 2655 STATE ROAD 580
SUITE 202
City-State-Zip: CLEARWATER FL 33761

Title MEDICAL DIRECTOR
Name SAJAN, DINAR DR.
Address 2655 STATE RD 580
SUITE 202
City-State-Zip: CLEARWATER FL 33761

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: USMAN EZAD

**DIRECTOR HR &
DEVELOPMENT**

04/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date