that my name appears above, or on an attachment with all other like empowered. 06/28/2018 SIGNATURE: PATRICK DOWNEY

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000176646

Entity Name: GULFCOAST PSYCHIATRIC ASSOCIATES, LLC

Current Principal Place of Business:

6150 DIAMOND CENTRE COURT BLDG 500 FORT MYERS, FL 33912

BLDG 500 FORT MYERS, FL 33912

Name and Address of Current Registered Agent:

KPB&B TRUST INC 6150 DIAMOND CENTRE COURT BLDG 500 FORT MYERS, FL 33912 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:

Authorized Person(s) Detail .

Authorized Person(s) Detail :			
Title	MGR	Title	AP
Name	COBBUM-DOWNEY, CHRISTY	Name	DOWNEY, PATRICK
Address	6150 DIAMOND CENTRE COURT	Address	6150 DIAMOND CENTRE COURT
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912

Current Mailing Address:

6150 DIAMOND CENTRE COURT

FEI Number: 82-2620743

Electronic Signature of Registered Agent

Date

Date

FILED Jun 28, 2018 Secretary of State CC6622197042

Certificate of Status Desired: No

AP

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