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: PATRICK DOWNEY

AP

Address 6150 DIAMOND CENTRE COURT **BLDG 500** City-State-Zip: FORT MYERS FL 33912

DOWNEY, PATRICK

AP

The te of Florida.

Title

Name

ame and Address of Current Registered Agent:
TEGRITRIAL LLC 50 DIAMOND CENTRE COURT .DG 500 DRT MYERS, FL 33912 US
e above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State

Na

COBBUM-DOWNEY, CHRISTY

FORT MYERS FL 33912

6150 DIAMOND CENTRE COURT

Electronic Signature of Registered Agent

FEI Number: 82-2620743

DOCUMENT# L17000176646

Entity Name: GULFCOAST PSYCHIATRIC ASSOCIATES, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

6150 DIAMOND CENTRE COURT BLDG 500 FORT MYERS, FL 33912

Current Mailing Address:

6150 DIAMOND CENTRE COURT **BLDG 500** FORT MYERS, FL 33912

INT 615 BLD FO

SIGNATURE: PATRICK DOWNEY

Authorized Person(s) Detail :

MGR

BLDG 500

Title

Name

Address

City-State-Zip:

FILED Mar 19, 2020 Secretary of State 6220854725CC

Certificate of Status Desired: No

03/19/2020

03/19/2020

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date