

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000156428

**Entity Name:** CORNERSTONE PSYCHIATRIC SERVICES OF NE FLORIDA  
PLLC

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**2773681933CC**

**Current Principal Place of Business:**

100 EXECUTIVE WAY  
SUITE 112  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

136 WOODLANDS CREEK DRIVE  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number: 85-1462505**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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 MGR  
Name PROCTOR, GARY R  
Address 822 N. A1A HIGHWAY, SUITE 310  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR  
Name PROCTOR, JULIA D  
Address 822 N. A1A HIGHWAY, SUITE 310  
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: GARY R. PROCTOR**

**MGR**

**04/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date