

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001540

Entity Name: PSYCHIATRISTS ONLY, LLC

Current Principal Place of Business:

265 BROOKVIEW CENTRE WAY, SUITE 400
KNOXVILLE, TN 37919

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL
KNOXVILLE, TN 37919 US

FEI Number: 27-1182696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 BRISTOW, KENT
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title MGR
Name ROTH, GREG
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

Title AS
Name STAIR, JOHN
Address 265 BROOKVIEW CENTRE WAY,
SUITE400
City-State-Zip: KNOXVILLE TN 37919

Title AT
Name BELMAR, CAROLE
Address 265 BROOKVIEW CENTRE WAY,
SUITE 400
City-State-Zip: KNOXVILLE TN 37919

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R. STAIR

ASSISTANT SECRETARY 04/18/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date