

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001540

Entity Name: PSYCHIATRISTS ONLY, LLC

Current Principal Place of Business:

6767 OLD MADISON PIKE
SUITE 690
HUNTSVILLE, AL 35806

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 203
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	MEMBER	Title	P/VP
Name	DANIEL & YEAGER, LLC	Name	KINGSLEY, MARK
Address	6767 OLD MADISON PIKE NW SUITE 690	Address	6767 OLD MADISON PIKE SUITE 690
City-State-Zip:	HUNTSVILLE AL 35806	City-State-Zip:	HUNTSVILLE AL 35806
Title	TREASURER, SECRETARY	Title	ASST. SECRETARY
Name	WILLIAMS, MICHAEL	Name	STAIR, JOHN R
Address	6767 OLD MADISON PIKE SUITE 690	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	HUNTSVILLE AL 35806	City-State-Zip:	KNOXVILLE TN 37919
Title	ASST. TREASURER	Title	ASST. TREASURER
Name	BARRACK, JOHN	Name	OWENS, LARA
Address	265 BROOKVIEW CENTRE WAY, SUITE 203	Address	265 BROOKVIEW CENTRE WAY, SUITE 203
City-State-Zip:	KNOXVILLE TN 37919	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN R STAIR

ASSISTANT SECRETARY 04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date