

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000001540

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC2812171950**

**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: KELLY GREANEY  
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 ROGERS, OLIVER  
Address 265 BROOKVIEW CENTRE WAY,  
SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title MGR  
Name HOLTZCLAW, MD, STEPHEN  
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 BARRACK, JOHN  
Address 265 BROOKVIEW CENTRE WAY,  
SUITE 400  
City-State-Zip: KNOXVILLE TN 37919

Title PRESIDENT  
Name BROWN, SUSANNA  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN R. STAIR

**ASSISTANT SECRETARY** 04/12/2017

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

\_\_\_\_\_  
Date