

**2023 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 400  
ATTN: LEGAL DEPT.  
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
Name	DANIEL & YEAGER, LLC
Address	6767 OLD MADISON PIKE NW SUITE 690
City-State-Zip:	HUNTSVILLE AL 35806

Title	P/VP
Name	KINGSLEY, MARK
Address	6767 OLD MADISON PIKE SUITE 690
City-State-Zip:	HUNTSVILLE AL 35806

Title	TREASURER, SECRETARY
Name	WILLIAMS, MICHAEL
Address	6767 OLD MADISON PIKE SUITE 690
City-State-Zip:	HUNTSVILLE AL 35806

Title	ASST. SECRETARY
Name	STAIR, JOHN R
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	ASST. TREASURER
Name	BARRACK, JOHN
Address	265 BROOKVIEW CENTRE WAY, SUITE 400
City-State-Zip:	KNOXVILLE TN 37919

Title	ASST. TREASURER
Name	OWENS, LARA
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** 04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date