

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041690

**Entity Name:** LIGHTHOUSE PSYCHOLOGICAL SERVICES, P.L.

**Current Principal Place of Business:**

609 N. HEPBURN AVE  
SUITE 103  
JUPITER, FL 33458

**Current Mailing Address:**

609 N. HEPBURN AVE  
SUITE 103  
JUPITER, FL 33458

**FEI Number: 75-3238446**

**Certificate of Status Desired: No**

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

CASTIGLIA, STEPHANIE MPSYD  
609 N. HEPBURN AVE  
SUITE 103  
JUPITER, FL 33458 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 DR  
Name CASTIGLIA, STEPHANIE M  
Address 609 N. HEPBURN AVE, SUITE 103  
City-State-Zip: JUPITER FL 33458

*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: STEPHANIE CASTIGLIA**

**REGISTERED AGENT**

**02/21/2018**

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

\_\_\_\_\_  
Date