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: DEMARA B. BENNETT

**PSYCHOLOGIST** 

04/30/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056817

Entity Name: FLORIDA PSYCHOLOGICAL SPECIALISTS, LLC

### **Current Principal Place of Business:**

1071 S PATRICK DR #372042 SATELLITE BEACH. FL 32937

## **Current Mailing Address:**

1071 S PATRICK DR #372042 SATELLITE BEACH. FL 32937 US

# FEI Number: 14-2000565

### Name and Address of Current Registered Agent:

BENNETT, DEMARA BDR 1071 S PATRICK DR #372042 SATELLITE BEACH, FL 32937 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	BENNETT, DEMARA BDR	Name	BENNETT, MATTHEW B
Address	1071 S PATRICK DR #372042	Address	1071 S PATRICK DR #372042
City-State-Zip:	SATELLITE BEACH FL 32937	City-State-Zip:	SATELLITE BEACH FL 32937

OWNER/LICENSED

Date

Date

FILED Apr 30, 2020 Secretary of State 5610508919CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail