

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000110401

**Entity Name:** COMPREHENSIVE PSYCHIATRIC ASSOCIATES LLC

**Current Principal Place of Business:**

508 EAST GARDEN STREET  
LAKELAND, FL 33805

**Current Mailing Address:**

3126 HIGHLANDS LAKEVIEW CIRCLE  
LAKELAND, FL 33812 US

**FEI Number: 81-1879336**

**Certificate of Status Desired: No**

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

JAHAN, ISRAT  
3126 HIGHLANDS LAKEVIEW CIR  
LAKELAND, FL 33812 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 CHAIRMAN  
Name JAHAN, ISRAT  
Address 3126 HIGHLANDS LAKEVIEW CIRCLE  
City-State-Zip: LAKELAND FL 33812

*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: ISRAT JAHAN, MD**

**CEO**

**01/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date