

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000022022

**Entity Name:** PRIME PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

7725 SW 115TH STREET  
PINECREST, FL 33156

**Current Mailing Address:**

PO BOX 565473  
PINECREST, FL 33256-5473 US

**FEI Number:** 81-1558106

**Certificate of Status Desired:** No

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

ROSENSON, ROBERT  
7725 SW 115TH STREET  
PINECREST, FL 33156 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:** ROBERT ROSENSON

03/07/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            ROSENSON, ROBERT  
Address        PO BOX 565473  
City-State-Zip: PINECREST FL 33256-5473

*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:** ROBERT ROSENSON

AMBR

03/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date