

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000033519

Entity Name: FLORIDA MENTAL HEALTH PRACTITIONERS LLC

Current Principal Place of Business:

7221 CORAL WAY STE 206
MIAMI, FL 33155

Current Mailing Address:

PO BOX 934878
MARGATE, FL 33093-4878 US

FEI Number: 46-4050335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, TOMAS
7221 CORAL WAY STE 206
MIAMI, FL 33155 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: TOMAS GONZALEZ

03/31/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GONZALEZ, YOLANDA
Address 7221 CORAL WAY STE 206
City-State-Zip: MIAMI FL 33155

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: YOLANDA GONZALEZ

MGR

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date