

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000033519

Entity Name: FLORIDA MENTAL HEALTH PRACTITIONERS LLC

Current Principal Place of Business:

3011 SW 107 AVE
MIAMI, FL 33165-2434

Current Mailing Address:

PO BOX 934878
COCONUT CREEK, FL 33093-4878 US

FEI Number: 40-4050335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, TOMAS
3011 SW 107 AVE
MIAMI, FL 33165-2434 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 MGR
Name GONZALEZ, YOLANDA
Address PO BOX 934878
City-State-Zip: COCONUT CREEK FL 33093-4878

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: TOMAS GONZALEZ

RA

06/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date