

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000130389

**Entity Name:** FLORIDA CENTER FOR TMS LLC

**Current Principal Place of Business:**

17 ST JOHNS MEDICAL PARK DR  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

17 ST JOHNS MEDICAL PARK DR  
ST AUGUSTINE, FL 32086 US

**FEI Number:** 82-1998990

**Certificate of Status Desired:** No

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

BRODER, TODD  
17 ST JOHNS MEDICAL PARK DR  
ST AUGUSTINE, FL 32086 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:** TODD BRODER

02/14/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRODER, TODD  
Address 17 ST JOHNS MEDICAL PARK DR  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** TODD BRODER

MANAGING MEMBER

02/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date