2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2018
Secretary of State
CC6745057933

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Entity Name: MY PSYCHIATRIST.COM LLC

Current Principal Place of Business:

1400 E. OAKLAND PARK BLVD,
SUITE 210
OAKLAND PARK, FL 33334

Current Mailing Address:

1400 E. OAKLAND PARK BLVD,
SUITE 210
OAKLAND PARK, FL 33334 US

FEI Number: 82-2197072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALVIS, ALEXANDRA
1400 OAKLAND PARK BLVD
STE 210
OAKLAND PARK, FL 33334 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	Title	MGR
Name	VENTRE, PETER MD	Name	SCHWARTZ, HOWARD MD
Address	1400 E. OAKLAND PARK BLVD STE 210	Address	1400 E. OAKLAND PARK BLVD STE 210
City-State-Zip:	OAKLAND PARK FL 33334	City-State-Zip:	OAKLAND PARK FL 33334

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: HOWARD SCHWARTZ MGR 04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date