

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000058089

**Entity Name:** THRIVE PSYCHOLOGICAL CENTER PLLC

**Current Principal Place of Business:**

4000 HOLLYWOOD BLVD.  
SUITE 555 SOUTH  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3725 NORTH 37TH TERRACE  
HOLLYWOOD, FL 33021

**FEI Number:** 82-4891070

**Certificate of Status Desired:** Yes

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

SEPTIMUS, ALIZA DR.  
3725 NORTH 37TH TERRACE  
HOLLYWOOD, FL 33021 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:** ALIZA SEPTIMUS, PSY.D.

10/17/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SEPTIMUS, ALIZA  
Address 3725 NORTH 37TH TERRACE  
City-State-Zip: HOLLYWOOD FL 33021

Title AMBR  
Name SCHULMAN, ALIZA  
Address 7739 CYPRESS CRESCENT  
City-State-Zip: BOCA RATON FL 33433

*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:** ALIZA SEPTIMUS

DR.

10/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date