

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000166720

FILED
Jan 16, 2024
Secretary of State
4217648696CC

Entity Name: THE CENTER FOR COMPREHENSIVE PSYCHOLOGICAL SERVICES, LLC

Current Principal Place of Business:

931 VILLAGE BOULEVARD,
SUITE 905, BOX 144
WEST PALM BEACH, FL 33409

Current Mailing Address:

931 VILLAGE BOULEVARD
SUITE 905, BOX 144
WEST PALM BEACH, FL 33409 US

FEI Number: 83-1278589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUTCHINSON & HUFFMAN, P.A.
500 SOUTH AUSTRALIAN AVE.
SUITE 600
WEST PALM BEACH, FL 33401 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 AMBR
Name GOLLER, HOLLY
Address 500 SOUTH AUSTRALIAN AVE.
 SUITE 600
City-State-Zip: WEST PALM BEACH FL 33401

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: GOLLER, HOLLY _____

MANAGER

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date