

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000166720

**FILED
Mar 28, 2019
Secretary of State
0257613592CC**

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.
515 N. FLAGLER DRIVE
401
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 515 N. FLAGLER DRIVE 401
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: HOLLY GOLLER

AMBR

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date