

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000200718

Entity Name: COLLABORATIVE PSYCH & MED, LLC

Current Principal Place of Business:

3353 VICTORIA MANOR DRIVE
K 109
LAKELAND, FL 33805

Current Mailing Address:

3353 VICTORIA MANOR DRIVE
K 109
LAKELAND, FL 33805 US

FEI Number: 83-1706764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANNEN, CATHERINE
3353 VICTORIA MANOR DRIVE
K 109
LAKELAND, FL 33805 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: CATHERINE BRANNEN

02/22/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MOORE, JULIUS DAVID DR.
Address 3353 VICTORIA MANOR DRIVE
K 109
City-State-Zip: LAKELAND FL 33805

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: ROSS A. EPSTEIN

OWNER

02/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date