

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000200718

Entity Name: COLLABORATIVE PSYCH & MED, LLC

Current Principal Place of Business:

4404 SOUTH FLORIDA AVENUE
SUITE 14
LAKELAND, FL 33813

Current Mailing Address:

4404 SOUTH FLORIDA AVENUE
SUITE 14
LAKELAND, FL 33813 US

FEI Number: 83-1706764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANNEN, CATHERINE
4404 SOUTH FLORIDA AVENUE
SUITE 14
LAKELAND, FL 33813 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

01/21/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BRANNEN, CATHERINE
Address 4404 SOUTH FLORIDA AVENUE
SUITE 14
City-State-Zip: LAKELAND FL 33813

Title MGR
Name EPSTEIN, ROSS
Address 4404 SOUTH FLORIDA AVENUE
SUITE 14
City-State-Zip: LAKELAND FL 33813

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

CEO

01/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date