

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000035793

**Entity Name:** BURNS BRIGHT PSYCHIATRY PLLC

**Current Principal Place of Business:**

1543 KINGSLEY AVE  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1543 KINGSLEY AVE  
ORANGE PARK, FL 32073 US

**FEI Number:** 83-3424966

**Certificate of Status Desired:** No

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

BURNS, NORA K  
1543 KINGSLEY AVE  
ORANGE PARK, FL 32073 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            BURNS, NORA K  
Address        1543 KINGSLEY AVE  
City-State-Zip: ORANGE PARK FL 32073

*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:** NORA K BURNS

DR.

06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date