

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000074912

**Entity Name:** JOSEPH PSYCHOLOGICAL SERVICES LLC

**Current Principal Place of Business:**

17941 NE 9 CT  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

17941 NE 9 CT  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 83-4143022

**Certificate of Status Desired:** No

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

JOSEPH, ELLIOT I  
17941 NE 9 CT  
NORTH MIAMI BEACH, FL 33162 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            JOSEPH, ELLIOT I  
Address        17941 NE 9 CT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** ELLIOT JOSEPH

AMBR

02/11/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date