

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000155431

Entity Name: NATURE COAST PSYCHIATRY PLLC

Current Principal Place of Business:

210 S SALISBURY TER
LECANTO, FL 34461

Current Mailing Address:

210 S SALISBURY TER
LECANTO, FL 34461 US

FEI Number: 38-4172017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, EILIS
210 S SALISBURY TER
LECANTO, FL 34461 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 MGRM
Name CLARK, EILIS
Address 210 S SALISBURY TER
City-State-Zip: LECANTO FL 34461

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: EILIS CLARK

MGRM

06/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date