

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000247094

Entity Name: EXCELLENCE HEALTH PSYCHIATRY, LLC

Current Principal Place of Business:

1630 MASON AVE
SUITE C
DAYTONA BEACH, FL 32117

Current Mailing Address:

1630 MASON AVE
SUITE C
DAYTONA BEACH, FL 32117

FEI Number: 84-3546953

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDDIN, HUSAM
1630 MASON AVE
SUITE C
DAYTONA BEACH, FL 32117 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 MGR
Name EDDIN, HUSAM
Address 1630 MASON AVE, SUITE C
City-State-Zip: DAYTONA BEACH FL 32117

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: HUSAM EDDIN

MD

03/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date