

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000287481

Entity Name: PROFESSIONAL COMMUNITY MENTAL HEALTH CENTER LLC

Current Principal Place of Business:

17201 SW 143 CT
MIAMI, FL 33177

Current Mailing Address:

17201 SW 143 CT
MIAMI, FL 33177 US

FEI Number: 00-0000000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDOZA, PEDRO
17201 SW 143 CT
MIAMI, FL 33177 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 MENDOZA, PEDRO
Address 17201 SW 143 CT
City-State-Zip: MIAMI FL 33177

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: PEDRO J MENDOZA ECHE

MGR

08/13/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date