

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000013479

**Entity Name:** SUMMIT PROVIDER SERVICES LLC

**Current Principal Place of Business:**

400 HEALTH PK BLVD  
MENTAL HEALTH UNIT  
SAINT AUGUSTINE, FL 32086

**Current Mailing Address:**

400 HEALTH PK BLVD  
MENTAL HEALTH UNIT  
SAINT AUGUSTINE, FL 32086 US

**FEI Number:** 84-4399390

**Certificate of Status Desired:** No

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

BRODER, TODD  
400 HEALTH PK BLVD  
MENTAL HEALTH UNIT  
SAINT AUGUSTINE, FL 32086 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 BRODER, TODD  
Address 400 HEALTH PK BLVD  
MENTAL HEALTH UNIT  
City-State-Zip: SAINT AUGUSTINE FL 32086

*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:** TODD BRODER

**SOLE MEMBER**

**01/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date