

2024 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
17 SAINT JOHNS MEDICAL PARK DR
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 17 SAINT JOHNS MEDICAL PARK DR
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

MGR

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date