2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2025
Secretary of State
3435262981CC

DOCUMENT# L20000039554

Entity Name: SPECIALIZED PSYCHIATRIC CARE, LLC

Current Principal Place of Business:

10347 CROSS CREEK BLVD
SUITE D
TAMPA, FL 33647

Current Mailing Address:

9307 CYPRESS BEND DRIVE
TAMPA, FL 33647 US

FEI Number: 84-4719355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPOPIANO, DAVID J NP
9307 CYPRESS BEND DRIVE
TAMPA, FL 33647 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	CFO
Name	CAMPOPIANO, M. C.
Address	9307 CYPRESS BEND DRIVE
City-State-Zip:	TAMPA FL 33647

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: M.C.CAMPOPIANO CFO 04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date