

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000067997

Entity Name: BLOOM NEUROPSYCHOLOGY, LLC

Current Principal Place of Business:

851 N MAITLAND AVENUE
MAITLAND, FL 32751

Current Mailing Address:

2527 MOHAWK TRAIL
MAITLAND, FL 32751 US

FEI Number: 84-4932713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOM, JULIANA
2527 MOHAWK TRAIL
MAITLAND, FL 32751 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 DR
Name BLOOM, JULIANA
Address 2527 MOHAWK TRAIL
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED MEMBER
Name BLOOM, ROBERT MICHAEL
Address 2527 MOHAWK TRL
City-State-Zip: MAITLAND FL 32751

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: BLOOM, JULIANA

**PEDIATRIC
NEUROPSYCHOLOGIST**

01/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date