

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000362867

Entity Name: MIND REVIVE PSYCHIATRY LLC

Current Principal Place of Business:

1863 SKYVIEW DRIVE
AUBURNDALE, FL 33823

Current Mailing Address:

PO BOX 640
AUBURNDALE, FL 33823 US

FEI Number: 85-3907467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON, MARCUS
1863 SKYVIEW DRIVE
AUBURNDALE, FL 33823 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 ROBINSON, MARCUS
Address 1863 SKYVIEW DRIVE
City-State-Zip: AUBURNDALE FL 33823

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: MARCUS ROBINSON MSN, APRN, PMHNP-BC

CEO

03/14/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date