

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000289586

Entity Name: BLOOM PSYCHIATRY AND WELLNESS, P.L.L.C.

Current Principal Place of Business:

1245 COURT STREET
CLEARWATER, FL 33756

Current Mailing Address:

1245 COURT STREET
CLEARWATER, FL 33756 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
CLEARWATER, FL 33756 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	MGRM	Title	MGRM
Name	ZANZONICO, ROBERTA	Name	VALENTINA ELENA CIMOLAI
Address	VIA DELLE ORTENSIE 36	Address	128 HARROPS GLEN
City-State-Zip:	00040 ROCCA DI PADA RM,ITALY AL	City-State-Zip:	WILLIAMSBURG VA 23185

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: ZANZONICO , ROBERTA

MGR

02/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date