

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000458390

**Entity Name:** NEFESH PSYCHIATRY LLC

**Current Principal Place of Business:**

139 EXECUTIVE CIRCLE  
SUITE 104  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

2662 LPGA BLVD  
#707  
DAYTONA BEACH, FL 32124 US

**FEI Number:** 92-0826020

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SHELLEY, ROSE P  
1515 HERBERT STREET  
SUITE 213  
PORT ORANGE, FL 32129 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 SEGEV, ZUZANA  
Address 132 BLACK HICKORY WAY  
City-State-Zip: ORMOND BEACH FL 32174

*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:** ZUZANA SEGEV

**BUSINESS OWNER**

**01/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date