

2024 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: No

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

OWNER

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date