

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000060805

Entity Name: RECLAIM SUNSHINE PSYCHIATRY LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126

Current Mailing Address:

150 SE 2ND AVE
SUITE 404
MIAMI, FL 33131 US

FEI Number: 92-2269379

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

R&P ACCOUNTING AND TAXES INC
150 SE 2ND AVE
404
MIAMI, FL 33131 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 AMBR
Name RODRIGUEZ, CLAUDIA P MD
Address 5201 BLUE LAGOON DRIVE
City-State-Zip: MIAMI FL 33126

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: CLAUDIA RODRIGUEZ

M.D.

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date