

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000229844

**Entity Name:** DAVIE PSYCHIATRY LLC

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
DAVIE, FL 33330

**Current Mailing Address:**

12555 ORANGE DRIVE  
DAVIE, FL 33330

**FEI Number:** 92-3955010

**Certificate of Status Desired:** Yes

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

ABDALAH, ADARA PMHNP  
12555 ORANGE DRIVE  
DAVIE, FL 33330 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 AP  
Name FARINAS, JAVIER  
Address 8422 SW 44TH PLAVCE  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name FARINAS, JAVIER  
Address 8422 S.W. 44TH PLACE  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name ABDALAH, ADARA  
Address 8422 S.W. 44TH PLACE  
City-State-Zip: DAVIE FL 33328

Title MGR  
Name CALVINO, OSCAR  
Address 1820 NW 16TH STREET  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** OSCAR CALVINO

MGR

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date