

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000005852

**Entity Name:** LUX PSYCHIATRY, LLC

**Current Principal Place of Business:**

7019 HARPS MILL RD  
STE 200  
RALEIGH, NC 27615

**Current Mailing Address:**

7019 HARPS MILL RD  
STE 200  
RALEIGH, NC 27615 US

**FEI Number:** 83-1242177

**Certificate of Status Desired:** No

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

ACEVEDO, JULIO  
1410 PON PON CT  
ORLANDO, FL 32825 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 MGR  
Name HIDALGO, PRISCILLA  
Address 9416 GLENCREST WAY  
City-State-Zip: RALEIGH NC 27613

*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:** PRISCILLA HIDALGO

MD

04/07/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date