

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000030788

**Entity Name:** ARCADIAN TELEPSYCHIATRY FLORIDA P.A.

**Current Principal Place of Business:**

141 PARKER STREET  
SUITE 306  
MAYNARD, MA 01754

**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**1052714306CC**

**Current Mailing Address:**

141 PARKER STREET  
SUITE 306  
MAYNARD, MA 01754 US

**FEI Number: 82-4957103**

**Certificate of Status Desired: No**

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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: JACLYN WRIGHT ASSISTANT SECRETARY**

**01/18/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name ANDERSON, MICHAEL MD  
Address 141 PARKER STREET  
SUITE 306  
City-State-Zip: MAYNARD MA 01754

Title P  
Name ANDERSON, MICHAEL MD  
Address 141 PARKER STREET  
SUITE 306  
City-State-Zip: MAYNARD MA 01754

Title S  
Name ANDERSON, MICHAEL MD  
Address 141 PARKER STREET  
SUITE 306  
City-State-Zip: MAYNARD MA 01754

Title T  
Name ANDESON, MICHAEL MD  
Address 141 PARKER STREET  
SUITE 306  
City-State-Zip: MAYNARD MA 01754

Title AUTHORIZED MANAGER  
Name HERGUTH, PATRICK  
Address 141 PARKER STREET  
SUITE 306  
City-State-Zip: MAYNARD MA 01754

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HERGUTH, PATRICK**

**CEO**

**01/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date