

2025 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

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

02/10/2025

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: MICHAEL ANDERSON

MEDICAL DIRECTOR

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date