

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000083051

**Entity Name:** FLORIDA NEUROPSYCHIATRIC INSTITUTE, INC.

**Current Principal Place of Business:**

2962 SW 26 TERRACE  
SUITE 203  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2962 SW 26 TERRACE  
SUITE 203  
FT LAUDERDALE, FL 33312 US

**FEI Number:** 65-0636748

**Certificate of Status Desired:** No

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

STOJANOVIC, BRANISLAV  
2962 SW 26 TERRACE  
203  
FORT LAUDERDALE, FL 33312 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

**Officer/Director Detail :**

Title            D  
Name            STOJANOVIC, BRANISLAV  
Address        2962 SW 26TH TERRACE  
                  SUITE 203  
City-State-Zip: DANIA BEACH FL 33312

*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:** STOJANOVIC BRANISLAV

D

04/25/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date