

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019130

**Entity Name:** PSYCHAMERICA BEHAVIORAL SERVICES LLC

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD  
STE 308  
ORLANDO, FL 32835

**Current Mailing Address:**

7065 WESTPOINTE BLVD  
STE 308  
ORLANDO, FL 32835 US

**FEI Number:** 27-3106259

**Certificate of Status Desired:** No

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

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC  
1678 E SILVER STAR RD  
OCOEE, FL 34761 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	OWN	Title	OWN
Name	MAGNASCO, MAX R	Name	TILGHMAN, TRACEY A
Address	P.O. BOX 784719	Address	P.O. BOX 784719
City-State-Zip:	WIINTER GARDEN FL 34778	City-State-Zip:	WIINTER GARDEN FL 34778

*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:** MAX MAGNASCO

**OWNER**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date