

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000113394

Entity Name: LAKE MARY PSYCHIATRY AND COUNSELING, LLC

Current Principal Place of Business:

448 WILD OAK CIRCLE
LAKE MARY, FL 32779

Current Mailing Address:

448 WILD OAK CIRCLE
LAKE MARY, FL 32779 US

FEI Number: 46-3931533

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KROTENBERG, LISA
448 WILD OAK CIRCLE
LAKE MARY, FL 32779 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 KROTENBERG, JEFFREY A
Address 448 WILD OAK CIRCLE
City-State-Zip: LAKE MARY FL 32779

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: JEFFREY KROTENBERG

MEMBER

04/06/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date