

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000133841

**Entity Name:** FLAGLER PSYCHIATRIC ASSOCIATES LLC

**Current Principal Place of Business:**

6277 A1A S.  
UNIT 202  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

6277 A1A S.  
UNIT 202  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 82-1952875

**Certificate of Status Desired:** No

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

LACY, BENJAMIN W V  
6277 A1A S.  
UNIT 202  
ST. AUGUSTINE, FL 32080 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            AMBR  
Name            LACY, BENJAMIN V  
Address        6277 A1A S.  
                  UNIT 202  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** BENJAMIN LACY

**OWNER**

**02/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date