

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000167570

Entity Name: HANCOCK-SMITH PEDIATRIC & BEHAVIORAL HEALTH, LLC

Current Principal Place of Business:

13900 TECH CITY CIRCLE
SUITE 408
ALACHUA, FL 32615

Current Mailing Address:

PO BOX 305
ALACHUA, FL 32616-0305 US

FEI Number: 83-1042284

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HANCOCK-SMITH, ANYALIESE D PH.D.
14838 NW 149TH PLACE
ALACHUA, FL 32615 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: DR. ANYALIESE HANCOCK-SMITH

01/21/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HANCOCK-SMITH, ANYALIESE D DR.
Address 14838 NW 149TH PLACE
City-State-Zip: ALACHUA FL 32615

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: ANYALIESE D. HANCOCK-SMITH, PHD

OWNER & LICENSED
CLINICAL
PSYCHOLOGIST

01/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date