

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000170443

**Entity Name:** THERAPEUTIC PATHWAYS, LLC

**Current Principal Place of Business:**

12124 CYPRESS KEY WAY  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

12124 CYPRESS KEY WAY  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 82-2505455

**Certificate of Status Desired:** No

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

RABIEFARR, NINA  
12124 CYPRESS KEY WAY  
ROYAL PALM BEACH, FL 33411 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            AR  
Name            RABIEFARR, NINA  
Address        12124 CYPRESS KEY WAY  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** RABIEFARR, NINA

**OWNER**

**02/21/2023**

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

\_\_\_\_\_  
Date