2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2019
Secretary of State
3349851046CC

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Entity Name: DIANE SANDERS THERAPY, LLC

Current Principal Place of Business:

1900 SOUTH OLIVE AVENUE
SUITE 3
WEST PALM BEACH, FL 33401

Current Mailing Address:

233 NOTTINGHAM BOULEVARD
WEST PALM BEACH, FL 33405 US

FEI Number: 82-5070037

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAMS, DANIEL J ESQ.
500 SOUTH AUSTRALIAN AVENUE
SUITE 800
WEST PALM BEACH, FL 33401 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	Title	AMBR
Name	SANDERS, DIANE	Name	SANDERS, MICHAEL M.D.
Address	233 NOTTINGHAM BOULEVARD	Address	233 NOTTINGHAM BOULEVARD
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	WEST PALM BEACH FL 33405

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: MICHAEL SANDERS, M.D. AMBR 04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date