# **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000048288

Entity Name: NEUROPSYCHIATRIC RESEARCH CENTER OF SOUTHWEST

FLORIDA, LLC

FILED Feb 25, 2023 Secretary of State 4173497352CC

# **Current Principal Place of Business:**

14271 METROPOLIS AVENUE SUITE A FORT MYERS, FL 33912

# **Current Mailing Address:**

14271 METROPOLIS AVENUE SUITE A FORT MYERS, FL 33912 US

FEI Number: 65-0497861 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGER

Name EVOLUTION RESEARCH GROUP, LLC
Address C/O EVOLUTION RESEARCH GROUP

12 NEW PROVIDENCE ROAD

City-State-Zip: WATCHUNG NJ 07069

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: EVOLUTION RESEARCH GROUP, LLC

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

02/25/2023