

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000048288

**Entity Name:** NEUROPSYCHIATRIC RESEARCH CENTER OF SOUTHWEST FLORIDA, LLC

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**1037628653CC**

**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        14271 METROPOLIS AVENUE  
                  SUITE A  
City-State-Zip: FORT MYERS FL 33912

*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**

**MANAGER**

**04/08/2024**

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

\_\_\_\_\_  
Date