

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000126854

**Entity Name:** PATRICIA MARIE CORDARY HARTNETT PSY.D.,L.L.C.

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
STE 225  
DAVIE, FL 33330

**Current Mailing Address:**

12651 W SUNRISE BLVD  
STE 101  
SUNRISE, FL 33323 US

**FEI Number:** 83-0746463

**Certificate of Status Desired:** No

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

CORDARY HARTNETT, PATRICIA MARIE  
14420 SW 31 PLACE  
DAVIE, FL 33330 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  
Name HARTNETT, PATRICIA M  
Address 12555 ORANGE DRIVE  
STE 225  
City-State-Zip: DAVIE FL 33330

*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:** DR PATRICIA CORDARY HARTNETT

**REGISTERED AGENT**

**04/26/2020**

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

\_\_\_\_\_  
Date