## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000132365

Entity Name: FLORIDA MED-PSYCH CONSULTANTS, LLC

Name: FLORIDA MED-PSTCH CONSULTANTS

## **Current Principal Place of Business:**

1507 S. HIAWASSEE RD., STE. 206 ORLANDO. FL 32835

## **Current Mailing Address:**

1507 S. HIAWASSEE RD., STE. 206 ORLANDO, FL 32835 US

FEI Number: 83-0799959 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CB&G SERVICES, INC. 283 CRANES ROOST BLVD., STE. 165 ALTAMONTE SPRINGS, FL 32701 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 MGR

Name AKELLA, RAVI Name GANJAM, RAGHU

Address 1507 S. HIAWASSEE RD., STE. 206 Address 1507 S. HIAWASSEE RD., STE. 206

City-State-Zip: ORLANDO FL 32835 City-State-Zip: ORLANDO FL 32835

Title MGR

Name VANGALA, PRADEEP

Address 1507 S. HIAWASSEE RD., STE. 206

City-State-Zip: ORLANDO FL 32835

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: RAVI AKELLA, M.D.

MGR

02/13/2024

FILED Feb 13, 2024

**Secretary of State** 

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