

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000233701

**Entity Name:** A & P PSYCHIATRIC SERVICES PLLC

**Current Principal Place of Business:**

210 JUPITER LAKES BLVD,  
SUITE 3102 SUITE 3102  
JUPITER, FL 33458

**Current Mailing Address:**

210 JUPITER LAKES BLVD,  
SUITE 3102 SUITE 3102  
JUPITER, FL 33458 US

**FEI Number:** 83-2128978

**Certificate of Status Desired:** No

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

PASTOR & GOLBOIS CPAS PA  
5300 W ATLANTIC AVE  
STE 305  
DELRAY BEACH, FL 33484 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 MGRM  
Name ACOSTA-LEON, EFRAIN  
Address 210 JUPITER LAKES BLVD.  
SUITE 3102  
City-State-Zip: JUPITER FL 33458

Title MGRM  
Name PARALITCI-MORALES, MARIEL  
Address 210 JUPITER LAKES BLVD.  
SUITE 3102  
City-State-Zip: JUPITER FL 33458

*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:** EFRAIN ACOSTA-LEON

MGRM

02/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date