

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000281562

**Entity Name:** HEALTHY BRAIN COUNSELING & PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

16034 MISTFLOWER DR.  
ALVA, FL 33920

**Current Mailing Address:**

16034 MISTFLOWER DR.  
ALVA, FL 33920 US

**FEI Number: 84-3821819**

**Certificate of Status Desired: Yes**

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

MESIDOR, SAREPTA  
16034 MISTFLOWER DR  
ALVA, FL 33920 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:** SAREPTA MESIDOR-LUCIEN

04/07/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	MESIDOR, JEAN K	Name	LUCIEN, SAREPTA M
Address	16034 MISTFLOWER DR.	Address	16034 MISTFLOWER DR.
City-State-Zip:	ALVA FL 33920	City-State-Zip:	ALVA FL 33920

*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:** JEAN KESNOLD MESIDOR

04/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date