

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000263090

**Entity Name:** RAFAELIAN PSYCHIATRY LLC

**Current Principal Place of Business:**

5940 WESTPORT LN  
NAPLES, FL 34116

**Current Mailing Address:**

5940 WESTPORT LN  
NAPLES, FL 34116 US

**FEI Number: 85-2843134**

**Certificate of Status Desired: No**

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

RAFAELIAN, OLGA  
5940 WESTPORT LN  
NAPLES, FL 34116 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	AMBR	Title	AMBR
Name	RAFAELIAN, OLGA	Name	EMMERICH, STEVEN
Address	5940 WESTPORT LN	Address	5940 WESTPORT LN
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

*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: STEVEN DORSEY EMMERICH**

**PART OWNER**

**04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date