

2024 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
Name RAFAELIAN, OLGA
Address 5940 WESTPORT LN
City-State-Zip: NAPLES FL 34116

Title AMBR
Name EMMERICH, STEVEN
Address 5940 WESTPORT LN
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: OLGA RAFAELIAN

OWNER/PRESIDENT

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date