2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2025
Secretary of State
7084090036CC

DOCUMENT# L20000298162

Entity Name: NEW PERSPECTIVES THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

7643 GATE PARKWAY
SUITE 104-707
JACKSONVILLE, FL 32256

Current Mailing Address:

7643 GATE PARKWAY
SUITE 104-707
JACKSONVILLE, FL 32256 US

FEI Number: 85-3119242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCHELLON, NIGERIA K
7855 ARGYLE FOREST BLVD
SUITE 910
JACKSONVILLE, FL 32244 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	MANAGER
Name	MCHELLON, NIGERIA K
Address	7643 GATE PARKWAY SUITE 104-707
City-State-Zip:	JACKSONVILLE FL 32256

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: NIGERIA MCHELLON MANAGER 02/26/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date