2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2025
Secretary of State
5126321002CC

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Entity Name: BRIDGE THERAPY SERVICES LLC

Current Principal Place of Business:

1801 NE 123RD ST
SUITE 314
NORTH MIAMI, FL 33181

Current Mailing Address:

1801 NE 123RD ST
SUITE 314
NORTH MIAMI, FL 33181 US

FEI Number: 86-2032467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIMS, AUSTYN K
1801 NE 123RD ST
SUITE 314
NORTH MIAMI, FL 33181 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	OWNER
Name	MIMS, AUSTYN
Address	1801 NE 123RD ST SUITE 314
City-State-Zip:	NORTH MIAMI FL 33181

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: AUSTYN MIMS MANAGER/OWNER 02/26/2025

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