**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 05, 2024**
**Secretary of State**
**2851213126CC**

DOCUMENT# L21000027952

**Entity Name:** TERRENCE VACCARO, PH.D. LICENSED PSYCHOLOGIST PLLC

**Current Principal Place of Business:**

7700 NORTH KENDALL DRIVE
SUITE 415
MIAMI, FL 33156

**Current Mailing Address:**

7700 NORTH KENDALL DRIVE
SUITE 415
MIAMI, FL 33156 US

**FEI Number: 86-3468390**

**Certificate of Status Desired:** Yes

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

UNITED STATES CORPORATION AGENTS, INC.
7700 NORTH KENDALL DRIVE
SUITE 415
MIAMI, FL 33156 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 | VACCARO, TERRENCE |
| Address | 9201 SW 148 ST |
| City-State-Zip: | MIAMI FL 33176 |

| | |
|---|---|
| Title | AUTHORIZED MEMBER |
| Name | VACCARO, AURORA |
| Address | 7700 NORTH KENDALL DRIVE<br>SUITE 415 |
| City-State-Zip: | MIAMI FL 33156 |

| | |
|---|---|
| Title | MANAGER |
| Name | ACOSTA, MICHELLE |
| Address | 7700 NORTH KENDALL DRIVE<br>SUITE 415 |
| City-State-Zip: | MIAMI FL 33156 |

*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: MICHELLE ACOSTA MANAGER 01/05/2024

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