

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000044018

Entity Name: WESTSIDE PSYCHOLOGICAL HEALTH LLC

Current Principal Place of Business:

4769 WESTWINDS DR.
#4769
MIRAMAR BEACH, FL 32550

Current Mailing Address:

4769 WESTWINDS DR.
#4769
MIRAMAR BEACH, FL 32550 US

FEI Number: 86-2051631

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FIORITA-DAY, ANGELA
4769 WESTWINDS DR.
#4769
MIRAMAR BEACH, FL 32550 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 AUTHORIZED MEMBER
Name FIORITA-DAY, ANGELA DR.
Address 4769 WESTWINDS DR.
#4769
City-State-Zip: MIRAMAR BEACH FL 32550

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: ANGELA FIORITA-DAY

OWNER

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date