

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000423927

Entity Name: THOUGHT VISTA PSYCHIATRY, LLC

Current Principal Place of Business:

3225 MCLEOD DR, SUITE 100
LAS VEGAS, NV 89121

Current Mailing Address:

3225 MCLEOD DR, SUITE 100
LAS VEGAS, NV 89121 US

FEI Number: 87-2820826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON REGISTERED AGENTS, INC.
625 E. TWIGGS STREET, SUITE 110
TAMPA, FL 33602 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: JAMES MORRIS

03/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SHIRVANI, NICOLE
Address 3225 MCLEOD DR, SUITE 100
City-State-Zip: LAS VEGAS NV 89121

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: NICOLE SHIRVANI

AUTH AGENT

03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date