

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000491730

Entity Name: BELLAMIND PSYCHIATRY LLC

Current Principal Place of Business:

1060 WOODCOCK RD
ORLANDO, FL 32828

Current Mailing Address:

1060 WOODCOCK RD
ORLANDO, FL 32828 US

FEI Number: 87-3622403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEPHENS, DERRICK
1060 WOODCOCK RD
ORLANDO, FL 32828 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: DERRICK STEPHENS

04/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	STEPHENS, ERICKA	Name	STEPHENS, DERRICK
Address	1060 WOODCOCK RD	Address	1060 WOODCOCK RD
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828

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: ERICKA STEPHENS

CEO

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date