

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000336831

**Entity Name:** MILLER PSYCHIATRY LLC

**Current Principal Place of Business:**

4029 PADDLEWHEEL DR  
BRANDON, FL 33511

**Current Mailing Address:**

4029 PADDLEWHEEL DR  
BRANDON, FL 33511 US

**FEI Number:** 88-3513270

**Certificate of Status Desired:** No

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

MILLER, CHRIS  
4029 PADDLEWHEEL DR  
BRANDON, FL 33511 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            MILLER, CHRIS  
Address        4029 PADDLEWHEEL DR  
City-State-Zip: BRANDON FL 33511

*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:** CHRIS MILLER

AMBR

04/26/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date