

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000339535

Entity Name: C PSYCHIATRIC SOLUTIONS, PLLC

Current Principal Place of Business:

518 OLEANDER LN
DELRAY BEACH, FL 33483

Current Mailing Address:

518 OLEANDER LN
DELRAY BEACH, FL 33483 US

FEI Number: 88-3542556

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 PHILLIPS, COURTNEY E
Address 518 OLEANDER LN
City-State-Zip: DELRAY BEACH FL 33483

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: COURTNEY PHILLIPS

OWNER

04/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date