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: STEVEN STERNLOF

Name and Address of Current Registered Agent:

STERNLOF, STEVEN A 3115 NW 10TH TERRACE SUITE 103 OAKLAND PARK, FL 33309 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

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	STERNLOF, MARILYN M	Name	STERNLOF, STEVEN A
Address	2617 WARWICK PL	Address	2617 WARWICK PL
City-State-Zip:	EDMOND OK 73013	City-State-Zip:	EDMOND OK 73013

Certificate of Status Desired: Yes

AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L23000290319

Entity Name: PSYCHOLOGY SPECIALISTS OF FLORIDA, LLC

Current Principal Place of Business:

3115 NW 10TH TERRACE SUITE 103 OAKLAND PARK, FL 33309

Current Mailing Address:

2617 WARWICK PL EDMOND, OK 73013 US

FEI Number: 93-1941069

02/08/2025

FILED Feb 08, 2025 Secretary of State 3478234142CC

Date