

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000404048

Entity Name: ELLIPSIS PSYCHIATRY LLC

Current Principal Place of Business:

580 VILLAGE BLVD
STE 270
WEST PALM BEACH, FL 33409

Current Mailing Address:

580 VILLAGE BLVD
STE 270
WEST PALM BEACH, FL 33409 US

FEI Number: 99-5031584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZENBUSINESS INC.
336 E. COLLEGE AVE.
SUITE 301
TALLAHASSEE, FL 32301 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: KHADIJEH HEMMATI

03/04/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MUNZ, SHANNON
Address 580 VILLAGE BLVD
STE 270
City-State-Zip: WEST PALM BEACH FL 33409

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: SHANNON MUNZ

MEMBER

03/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date