

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000254409

Entity Name: CASSIA INTEGRATIVE PSYCHIATRIC CARE LLC

Current Principal Place of Business:

332 BLUE COVE DR UNIT 201
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

332 BLUE COVE DR UNIT 201
SANTA ROSA BEACH, FL 32459 US

FEI Number: 93-1823807

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHMID, CASSIA F
332 BLUE COVE DR
201
SANTA ROSA BEACH, FL 32459 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 MGR
Name SCHMID, CASSIA F
Address 332 BLUE COVE DR
UNIT 201
City-State-Zip: SANTA ROSA BEACH FL 32459

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: CASSIA FERNANDA SCHMID

03/01/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date