

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000256179

**Entity Name:** JENNIFER MAXINE PSYCHIATRY, LLC

**Current Principal Place of Business:**

5550 GLADES ROAD  
SUITE 500 #1195  
BOCA RATON, FL 33431

**Current Mailing Address:**

5550 GLADES ROAD  
SUITE 500 #1195  
BOCA RATON, FL 33431

**FEI Number:** 93-1616618

**Certificate of Status Desired:** No

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

CASWELL, ALBERT  
5505 FAIRWAY PARK DRIVE  
UNIT 105  
BOYNTON BEACH, FL 33437 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 CAPPEL, JENNIFER  
Address 1831 GREGORY RD  
City-State-Zip: WEST PALM BEACH FL 33406

Title AMBR  
Name CAPPEL, JENNIFER  
Address 1831 GREGORY RD  
City-State-Zip: WEST PALM BEACH FL 33406

*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:** JENNIFER CAPPEL

**MANAGER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date