

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000003048

**Entity Name:** TEEN MENTAL RESET INC.

**Current Principal Place of Business:**

1553 SOUTHWEST LAREDO STREET  
PALM CITY, FL 34990

**Current Mailing Address:**

1553 SW LAREDO ST  
PALM CITY, FL 34990

**FEI Number: 88-4018901**

**Certificate of Status Desired: No**

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

GOYAL, AJAY K  
1553 SOUTHWEST LAREDO STREET  
PALM CITY, FL 34990 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

**Officer/Director Detail :**

Title D  
Name LYONS, CHARLENE M  
Address 1700 SE MONTEREY ROAD  
City-State-Zip: STUART FL 34996

Title PSTD  
Name GOYAL, AJAY K  
Address 1553 SOUTHWEST LAREDO STREET  
City-State-Zip: PALM CITY FL 34990

Title V  
Name GOYAL, MUKTA  
Address 1553 SOUTHWEST LAREDO STREET  
City-State-Zip: PALM CITY FL 34990

Title D  
Name TUININGA, LINDA  
Address 1070 E. INDIANTOWN ROAD, SUITE 408  
City-State-Zip: JUPITER FL 33477

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: AJAY GOYAL**

**PRESIDENT**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date