

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

DOCUMENT# N23000013301

**Entity Name:** EVERGREEN BEHAVIORAL HEALTH INC.

**Current Principal Place of Business:**

14002 CR 49  
LIVE OAK, FL 32060

**Current Mailing Address:**

14002 CR 49  
LIVE OAK, FL 32060

**FEI Number: 93-4303251**

**Certificate of Status Desired: No**

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

ADLER & ASSOCIATES INTERNATIONAL  
25472 89TH DRIVE  
O'BRIEN, FL 32071 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 DOIRON, STEPHEN  
Address 1383 ODEN COURT  
City-State-Zip: MIDDLEBURG FL 32068

Title D  
Name STAWDER, KELLI  
Address 668 SW CHESTERFIELD CIRCLE  
City-State-Zip: LAKE CITY FL 32024

Title S  
Name KIRBY, MILES  
Address 14002 CR 49  
City-State-Zip: LIVE OAK FL 32060

Title T  
Name ADLER & ASSOCIATES INTERNATIONAL  
Address 25472 89TH DRIVE  
City-State-Zip: O'BRIEN FL 32071

Title D  
Name LLOYD, BRIAN  
Address 14002 CR 49  
City-State-Zip: LIVE OAK FL 32060

Title CEO  
Name MESSER, JOSHUA  
Address 14002 CR 49  
City-State-Zip: LIVE OAK FL 32060

*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: JOSHUA MESSER**

**CEO**

**02/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date