

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045854

Entity Name: FAMILY ENRICHMENT BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

3829 HOLLYWOOD BLVD.
SUITE D
HOLLYWOOD, FL 33021

Current Mailing Address:

3829 HOLLYWOOD BLVD.
SUITE D
HOLLYWOOD, FL 33021 US

FEI Number: 56-2451756

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH, YVES
7958 PINES BLVD
UNIT 216
PEMBROKE PINES, FL 33024 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 DPST
Name JOSEPH, YVES
Address 7958 PINES BLVD
UNIT 216
City-State-Zip: PEMBROKE PINES FL 33024

Title D
Name JOSEPH, ANTONIO JR
Address 7958 PINES BLVD
UNIT 216
City-State-Zip: PEMBROKE PINES FL 33024

Title D
Name GILBERT BELIZAIRE, JEAN
Address 547 AKOSKUISCO STREET
#3
City-State-Zip: BROOKLYN NY 11121

Title D
Name PICO, DIAN A
Address 7958 PINES BLVD
UNIT 216
City-State-Zip: PEMBROKE PINES FL 33024

Title D
Name MURRAY, ADELAIDE
Address 8190 SW 28TH STREET
City-State-Zip: DAVIE FL 33328

Title D
Name JOSEPH, KHALIA E
Address 7958 PINES BLVD
UNIT 216
City-State-Zip: PEMBROKE PINES FL 33024

Title D
Name JOSEPH, KALILIA P
Address 7958 PINES BLVD
UNIT 216
City-State-Zip: PEMBROKE PINES FL 33024

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: YVES JOSEPH

PRESIDENT

04/20/2024

Electronic Signature of Signing Officer/Director Detail

Date