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: EDUARDO PUENTE

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

SIGNATURE:	
	Electronic Signature of Registered Agent

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.

Officer/Director Detail ·

Title	Р	Title	VP
Name	PUENTE, EDUARDO	Name	PUENTES, MARGARITA R
Address	3213 SW 26TH STREET	Address	9813 WEST OKEECHOBEE ROAD # 212
City-State-Zip:	MIAMI FL 33133		
		City-State-Zip:	HIALEAH FL 33016
Title	S		
Name	PUENTE, MARIA		
Address	3213 SW 26 STREET		
City-State-Zip:	MIAMI FL 33133		

2050 CORAL WAY 509 MIAMI, FL 33145 US

Current Principal Place of Business:

Name and Address of Current Registered Agent:

Current Mailing Address:

2050 CORAL WAY

MIAMI, FL 33145

509

2050 CORAL WAY 509 MIAMI, FL 33145 US

FEI Number: 81-3002207

PUENTE, EDUARDO

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P16000053819

Entity Name: TRI-COUNTY BEHAVIORAL SERVICES INC

FILED Feb 18, 2023 Secretary of State 4296119982CC

Certificate of Status Desired: No

02/18/2023

Date