

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000053819

**Entity Name:** TRI-COUNTY BEHAVIORAL SERVICES INC

**Current Principal Place of Business:**

2401 SW 37 AVENUE  
211  
MIAMI, FL 33145

**Current Mailing Address:**

2401 SW 37 AVENUE  
211  
MIAMI, FL 33145 US

**FEI Number: 81-3002207**

**Certificate of Status Desired: No**

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

PUENTE, EDUARDO  
2401 SW 37 AVENUE  
211  
MIAMI, FL 33145 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 P  
Name PUENTE, EDUARDO  
Address 3213 SW 26TH STREET  
City-State-Zip: MIAMI FL 33133

Title VP  
Name PUENTES, MARGARITA R  
Address 9813 WEST OKEECHOBEE ROAD #  
212  
City-State-Zip: HIALEAH FL 33016

Title S  
Name PUENTE, MARIA  
Address 3213 SW 26 STREET  
City-State-Zip: MIAMI FL 33133

*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**

**PRESIDENT**

**02/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date