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

MIAMI FL 33133

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/05/2022

Entity Name: TRI-COUNTY BEHAVIORAL SERVICES INC

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2050 CORAL WAY 509 MIAMI, FL 33145

Current Mailing Address:

DOCUMENT# P16000053819

2050 CORAL WAY 509 MIAMI, FL 33145 US

FEI Number: 81-3002207

Name and Address of Current Registered Agent:

PUENTE, EDUARDO 2050 CORAL WAY 509 MIAMI, FL 33145 US

SIGNATURE:

City-State-Zip:

Electronic Signature of Registered Agent Date **Officer/Director Detail :** Title Р Title VP PUENTE, EDUARDO PUENTES, MARGARITA R Name Name 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 PUENTE, MARIA Name Address 3213 SW 26 STREET

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.

Certificate of Status Desired: No

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FILED Feb 05, 2022 Secretary of State 5219115585CC