

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000076688

**Entity Name:** SADE BEHAVIOR THERAPY, INC.

**Current Principal Place of Business:**

6014 WATEREDGE LANE  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

6014 WATEREDGE LANE  
JACKSONVILLE, FL 32211 US

**FEI Number:** 81-3893780

**Certificate of Status Desired:** No

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

SADE, YAISY C  
6014 WATEREDGE LANE  
JACKSONVILLE, FL 32211 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, T	Title	S, D
Name	SADE, YAISY C	Name	SADE, YAISY C
Address	6014 WATEREDGE LANE	Address	6000 SW 18 ST.
City-State-Zip:	JACKSONVILLE FL 32211	City-State-Zip:	MIAMI FL 33155

*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:** YAISY COSTALES SADE

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date