

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000025270

**Entity Name:** CLARITY BEHAVIORAL HEALTH INC.

**Current Principal Place of Business:**

475 OSCEOLA ST,  
SUITE 1200  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

475 OSCEOLA ST,  
SUITE 1200  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 82-0936789

**Certificate of Status Desired:** Yes

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

BUSH, PATRICIA  
106 PINEAPPLE LANE  
ALTAMONTE SPRINGS, FL 32714 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            PRESIDENT  
Name            HAINES, KRISTINA  
Address        106 PINEAPPLE LANE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** KRISTINA ELIZABETH HAINES

**OWNER**

**02/14/2023**

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

\_\_\_\_\_  
Date