## **2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000025270

Entity Name: CLARITY BEHAVIORAL HEALTH INC.

**Current Principal Place of Business:** 

106 PINEAPPLE LANE

ALTAMONTE SPRINGS. FL 32714

**Current Mailing Address:** 

106 PINEAPPLE LANE

ALTAMONTE SPRINGS. FL 32714 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 P Title VP

Name BUSH, PATRICIA Name HAINES, KRISTINA

Address 106 PINEAPPLE LANE Address 106 PINEAPPLE LANE

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title CFO

Name KESSLER, AMANDA
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: PATRICIA BUSH PRESIDENT

Electronic Signature of Signing Officer/Director Detail

03/15/2018 Date

FILED Mar 15, 2018

**Secretary of State** 

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