

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000045123

**Entity Name:** SQUARE ONE BEHAVIORAL SERVICES INC.

**Current Principal Place of Business:**

1495 FOREST HILL BLVD  
SUITE C3  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

2221 WHITE PINE CIR  
D  
GREENACRES, FL 33415

**FEI Number:** 83-0569211

**Certificate of Status Desired:** Yes

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

ALARCON, LEIDA C  
2221 WHITE PINE CIR  
D  
GREENACRES, FL 33415 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            ALARCON, LEIDA C  
Address        2221 WHITE PINE CIR APT. D  
City-State-Zip: GREENACRES FL 33415

Title            TREASURER, SECRETARY  
Name            MARRERO, ROBERTO  
Address        2221 WHITE PINE CIR  
                  D  
City-State-Zip: GREENACRES FL 33415

Title            DIRECTOR  
Name            ALARCON, LEIDA C  
Address        2221 WHITE PINE CIR  
                  D  
City-State-Zip: GREENACRES FL 33415

*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:** LEIDA C ALARCON

P

03/16/2021

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

\_\_\_\_\_  
Date