#### 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: ANA MARY REYES FABIAN

Electronic Signature of Signing Officer/Director Detail

Date

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P20000062523

#### Entity Name: DRAGONFLY BEHAVIORAL THERAPY INC

# **Current Principal Place of Business:**

**5725 CORPORATE WAY** SUITE 207 WEST PALM BEACH, FL 33407

#### **Current Mailing Address:**

**5725 CORPORATE WAY** SUITE 207 WEST PALM BEACH, FL 33407 US

#### FEI Number: 85-2586286

# Name and Address of Current Registered Agent:

REYES FABIAN, ANA MARY 5725 CORPORATE WAY SUITE 207 WEST PALM BEACH, FL 33407 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:

Elect

#### **Officer/Director De**

Onicendirec					
Title	Ρ	Title	VP		
Name	REYES FABIAN, ANA MARY	Name	GOMEZ, YELENA		
Address	5725 CORPORATE WAY SUITE 207	Address	5725 CORPORATE WAY SUITE 207		
City-State-Zip:	WEST PALM BEACH FL 33407	City-State-Zip:	WEST PALM BEACH FL 33407		

brints this statement for the purpose of changing its registered office of registered agent, or both, in the State of Fiorida.						
tronic Signature of Registered Agent						
etail :						
	Title	VP				
S FABIAN, ANA MARY	Name	GOMEZ, YELENA				
	Addross					

### FILED Feb 25, 2021 Secretary of State 5987095409CC

Certificate of Status Desired: No

02/25/2021