

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000075881

**Entity Name:** ASCELLUS BEHAVIORAL HEALTH LCSW, PA

**Current Principal Place of Business:**

9400 4TH ST N STE 201  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

9400 4TH ST N STE 201  
ST PETERSBURG, FL 33702

**FEI Number: 87-2399709**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION  
33324, FL 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  
Name PETERS, AIMEE LCSW  
Address 9400 4TH ST N STE 201  
City-State-Zip: ST PETERSBURG FL 33702

*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: AIMEE PETERS**

**OWNER**

**02/28/2023**

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

\_\_\_\_\_  
Date