

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000075881

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

**Current Principal Place of Business:**

6801 LAKE WORTH ROAD  
SUITE 308  
GREENACRES, FL 33467

**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           PRESIDENT  
Name           PETERS, AIMEE LCSW  
Address        6801 LAKE WORTH ROAD  
                  SUITE 308  
City-State-Zip: GREENACRES FL 33467

*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**

**03/13/2024**

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

\_\_\_\_\_  
Date