

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091655

**Entity Name:** 2ND CHANCE MENTAL HEALTH CENTER LLC

**Current Principal Place of Business:**

1541 S.E. PORT SAINT LUCIE BLVD.  
SUITE F  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

1541 S.E. PORT SAINT LUCIE BLVD.  
SUITE F  
PORT SAINT LUCIE, FL 34952 US

**FEI Number:** 27-3374222

**Certificate of Status Desired:** No

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

BROWN, JOHNNY L  
1541 S.E. PORT SAINT LUCIE BLVD.  
SUITE F  
PORT SAINT LUCIE, FL 34952 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:** JOHNNY L BROWN

03/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BROWN, JOHNNY L  
Address 2493 SW FALCON CIRCLE  
City-State-Zip: PORT ST. LUCIE FL 34953

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHNNY BROWN

CEO

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date