I hereby certify that the information indicated on this report or supplemental report is true and accurate a	and that my electronic signature shall have the same le	gal 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 TARA P. HRUBY	OWNER/I MHC	01/22/2024

SIGNATURE: TARA P. HRUBY

Electronic Signature of Signing Authorized Person(s) Detail

OWNER/LMHC

SIGNATURE: TARA P. HRUBY Electronic Signature of Registered Agent

Name and Address of Current Registered Agent:

Authorized Person(s) Detail :

Title	MGR
Name	HRUBY, TARA PLMHC
Address	1101 NE 15TH STREET
City-State-Zip:	CAPE CORAL FL 33909

01/22/2024

HRUBY, TARA P LMHC	
1101 NE 15TH STREET	
CAPE CORAL, FL 33909 US	

1101 NE 15TH STREET CAPE CORAL, FL 33909 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.

T ()	 	 	a	

The chours of	amed entity sub	mito this stat	mont for the n

1639 CAPE CORAL PKWY, STE 211	
CAPE CORAL, FL 33904	

DOCUMENT# L10000092365

Entity Name: PIPER COUNSELING & PSYCHIATRIC SERVICES, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1639 CAPE CORAL PKWY, STE 211 L,

Current Mailing Address:

1101 NE 15TH STREET CAPE CORAL, FL 33909

FEI Number: 45-1516750

Certificate of Status Desired: No

Date

FILED Jan 22, 2024 Secretary of State 7333778455CC

Date