

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000036279

**Entity Name:** PARADISE BEHAVIORAL HEALTH, LLC

**Current Principal Place of Business:**

25097 E OLYMPIA AVE  
STE 205  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

25097 E OLYMPIA AVE  
STE 205  
PUNTA GORDA, FL 33950 US

**FEI Number:** 81-4875477

**Certificate of Status Desired:** No

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

DAMAYO-STINSON, MIZYL  
25097 E OLYMPIA AVE  
STE 205  
PUNTA GORDA, FL 33950 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

**Authorized Person(s) Detail :**

Title MEDICAL DIRECTOR  
Name DAMAYO, MIZYL  
Address 25097 E OLYMPIA AVE  
STE 205  
City-State-Zip: PUNTA GORDA FL 33950

Title PRACTICE MANAGER  
Name DAMAYO, MIKE  
Address 25097 E OLYMPIA AVE  
STE 205  
City-State-Zip: PUNTA GORDA FL 33950

*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:** MIZYL DAMAYO

MD

01/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date