

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000024172

Entity Name: OGLETHORPE MENTAL HEALTH SERVICES OF FL, LLC

Current Principal Place of Business:

201 NORTH FRANKLIN ST STE 1910
TAMPA, FL 33602

Current Mailing Address:

201 NORTH FRANKLIN ST STE 1910
TAMPA, FL 33602 US

FEI Number: 83-3384369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
201 NORTH FRANKLIN ST STE 1910
TAMPA, FL 33602 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 MGR
Name COHEN, ROBERT M
Address 201 NORTH FRANKLIN ST STE 1910
City-State-Zip: TAMPA FL 33602

Title MGR
Name PICCIANO, JOHN R
Address 201 NORTH FRANKLIN ST STE 1910
City-State-Zip: TAMPA FL 33602

Title MGR
Name O'SHAE, JAMES E
Address 201 NORTH FRANKLIN ST STE 1910
City-State-Zip: TAMPA FL 33602

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: JOHN R. PICCIANO

MANAGER

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date