

**2021 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: ROBERT M. COHEN**

**MANAGER**

**04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date