

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000058320

**Entity Name:** SUN COAST BEHAVIORAL HEALTH, PLLC

**Current Principal Place of Business:**

15211 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

15211 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**FEI Number: 84-4231092**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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: BREJET STEPHENS, ASSISTANT SECRETARY**

**07/27/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO, DIRECTOR	Title	COO, DIRECTOR
Name	SHARMA, ANIL	Name	WEIKE, TIMOTHY
Address	15211 CORTEZ BLVD	Address	15211 CORTEZ BLVD
City-State-Zip:	BROOKSVILLE FL 34613	City-State-Zip:	BROOKSVILLE FL 34613

*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: WEIKE , TIMOTHY**

**COO**

**07/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date