

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000063268

**Entity Name:** FLORIDA BEHAVIORAL HEALTH SERVICES LLC

**Current Principal Place of Business:**

4948 BIG PINE DR  
JACKSONVILLE, FL 32218-9338

**Current Mailing Address:**

4948 BIG PINE DR  
JACKSONVILLE, FL 32218-9338 US

**FEI Number: 86-2172086**

**Certificate of Status Desired: No**

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

MARTINEZ, CAROLINA  
4948 BIG PINE DR  
JACKSONVILLE, FL 32218-9338 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 MARTINEZ, CAROLINA  
Address 4948 BIG PINE DR  
City-State-Zip: JACKSONVILLE FL 32218-9338

*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: CAROLINA MARTINEZ**

**MANAGER**

**02/21/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date