

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000058425

**Entity Name:** ADAPTIVE BEHAVIORAL HEALTH LLC

**Current Principal Place of Business:**

1831 LAMEQUE ST NW  
PALM BAY, FL 32907

**Current Mailing Address:**

2903 W NEW HAVEN AVE UNIT 551  
WEST MELBOURNE, FL 32907 US

**FEI Number: 88-1476241**

**Certificate of Status Desired: Yes**

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

CARVIL, PATRICIA  
2903 W NEW HAVEN AVE UNIT 551  
WEST MELBOURNE, FL 32907 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: PATRICIA CARVIL**

**04/12/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CARVIL, PATRICIA  
Address 2903 W NEW HAVEN AVE UNIT 551  
City-State-Zip: WEST MELBOURNE FL 32907

*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: PATRICIA CARVIL**

**MGR**

**04/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date