

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017983

**Entity Name:** MENTAL HEALTH TREATMENT CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

18121 BOYS RANCH ROAD  
ALTOONA, FL 32702

**Current Mailing Address:**

18121 BOYS RANCH ROAD  
ALTOONA, FL 32702 US

**FEI Number:** 92-0437113

**Certificate of Status Desired:** Yes

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

GSF GROUP, LLC  
433 PLAZA REAL, STE 351  
BOCA RATON, FL 33432 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 WINIKOFF, BEN  
Address 18121 BOYS RANCH ROAD  
City-State-Zip: ALTOONA FL 32702

*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:** BEN WINIKOFF

**MANAGER**

**04/26/2023**

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

\_\_\_\_\_  
Date