

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000051

**Entity Name:** ABLE TO BEHAVIORAL HEALTH SERVICES, PC**Current Principal Place of Business:**320 W 37TH ST  
5TH FLOOR  
NEW YORK, NY 10018**Current Mailing Address:**320 W 37TH ST  
5TH FLOOR  
NEW YORK, NY 10018 US**FEI Number:** 47-5519672**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	PRESIDENT/TREASURER, /DIRECTOR
Name	GAFFEY,, SARAH E.
Address	320 W 37TH ST 5TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	SECRETARY
Name	POLLOCK, DSW, , LCSW NAOMI
Address	320 W 37TH ST 5TH FLOOR
City-State-Zip:	NEW YORK NY 10018

Title	DIRECTOR
Name	POLLOCK, DSW,, LCSW NAOMI
Address	320 W 37TH ST 5TH FLOOR
City-State-Zip:	NEW YORK NY 10018

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** POLLOCK, DSW, , LCSW NAOMI**SECRETARY****04/20/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date