

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721412

Entity Name: CDAC BEHAVIORAL HEALTHCARE, INC.**Current Principal Place of Business:**3804 N 9TH AVE
PENSACOLA, FL 32503**Current Mailing Address:**3804 N 9TH AVE
PENSACOLA, FL 32503 US**FEI Number: 59-1380927****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SCRIVNER, LEASHIA
3804 N 9TH AVE
PENSACOLA, FL 32503 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	ED
Name	SCRIVNER, LEASHIA
Address	3804 NORTH NINTH AVE
City-State-Zip:	PENSACOLA FL 32503

Title	1ST V
Name	STONE, KELLY
Address	3804 N. 9TH AVENUE
City-State-Zip:	PENSACOLA FL 32503

Title	B
Name	HAMILTON, ANDREA
Address	3804 N. 9TH AVENUE
City-State-Zip:	PENSACOLA FL 32503

Title	T
Name	CHESTERFIELD, BURTON
Address	3804 N 9TH AVE
City-State-Zip:	PENSACOLA FL 32503

Title	2ND V
Name	RODRIGUEZ, CHEL
Address	3804 N 9TH AVE
City-State-Zip:	PENSACOLA FL 32503

Title	PRESIDENT
Name	RICHARDS, KELLY M
Address	3804 N. 9TH AVENUE
City-State-Zip:	PENSACOLA FL 32503

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEASHIA SCRIVNER**CEO****01/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date