

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726954

Entity Name: COVE BEHAVIORAL HEALTH, INC.**Current Principal Place of Business:**

4422 EAST COLUMBUS DRIVE

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TAMPA, FL 33605

Current Mailing Address:

4422 EAST COLUMBUS DRIVE

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TAMPA, FL 33605 US

FEI Number: 59-1514993**Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**

OBREGON, DEANNA

4422 EAST COLUMBUS DRIVE

TAMPA, FL 33605 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 BOARD SECRETARY
Name WILLIAMS, ROBERT V
Address 201 NORTH FRANKLIN ST., #3200
City-State-Zip: TAMPA FL 33602

Title BOARD TREASURER
Name HORTON, EARL
Address 30 WEST SPANISH MAIN
City-State-Zip: TAMPA FL 33609

Title BOARD PRESIDENT
Name PARISEAU, ROB
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33606

Title BOARD 1ST VICE PRESIDENT
Name LOSAT, FRANK
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title CEO
Name OBREGON, DEANNA STAUB
Address 4422 E. COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

Title CFO
Name TBD, TBD
Address 4422 EAST COLUMBUS DRIVE
City-State-Zip: TAMPA FL 33605

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: DEANNA OBREGON**CEO****03/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date