

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000008620

**Entity Name:** INSPIRE BEHAVIORAL HEALTH CENTER INC

**Current Principal Place of Business:**

2216 ALI BABA AVENUE  
SUITE B  
OPA LOCKA, FL 33054

**Current Mailing Address:**

2216 ALI BABA AVENUE  
SUITE B  
OPA LOCKA, FL 33054 US

**FEI Number:** 93-2425605

**Certificate of Status Desired:** No

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

MTS PROFESSIONAL SERVICES LLC  
13227 NW 7TH AVENUE  
NORTH MIAMI, FL 33168 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 P/D  
Name LOVETT, RHONDA  
Address 2216 ALI BABA AVENUE SUITE B  
City-State-Zip: OPA LOCKA FL 33054

Title VP/D  
Name GLOSTER, DEBRISHA  
Address 2216 ALI BABA AVENUE SUITE B  
City-State-Zip: OPA LOCKA FL 33054

Title DIR  
Name WATERMAN, CHERYL  
Address 2216 ALI BABA AVENUE SUITE B  
City-State-Zip: OPA LOCKA FL 33054

Title T  
Name BROWN, CARL III  
Address 7451 RIVIERA BLVD STE 116  
City-State-Zip: MIRAMAR FL 33023

Title S  
Name BRADSHAW, DEJAH  
Address 14359 MIRAMAR PARKWAY STE 336  
City-State-Zip: MIRAMAR FL 33027

*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:** RHONDA FLEMING LOVETT

**PRESIDENT**

**03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date