

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N49538

Entity Name: NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

2392 N. EDGEWOOD AVENUE
JACKSONVILLE, FL 32254

Current Mailing Address:

2392 N EDGEWOOD AVE
JACKSONVILLE, FL 32254 US

FEI Number: 59-3128476

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ESTELL, REGINALD J.
303 N. LIBERTY STREET
JACKSONVILLE, FL 32202 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: REGINALD J ESTELL

10/13/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name GLOVER, TERRI D
Address 11 E FORSYTH ST
APT 301
City-State-Zip: JACKSONVILLE FL 32226

Title VP
Name PARKER-BELL, BERNICE
Address 10887 CHADRON DRIVE
City-State-Zip: JACKSONVILLE FL 32218

Title PRESIDENT
Name HOPKINS, MELANIE
Address 303 N LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name THOMAS, ODEAN
Address 8000 RAMSGATE RD
City-State-Zip: JACKSONVILLE FL 32208

Title SECRETARY
Name MAZEKE, KENTISHA
Address 3908 VICTORIA LAKE DR
City-State-Zip: JACKSONVILLE FL 32226

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: MELANIE HOPKINS

PRESIDENT

10/13/2023

Electronic Signature of Signing Officer/Director Detail

Date