

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000064738

**Entity Name:** ADVANCED BEHAVIORAL HEALTH CENTER, P.A.**Current Principal Place of Business:**1799 SALK AVENUE  
TAVARES, FL 32778**Current Mailing Address:**1799 SALK AVENUE  
TAVARES, FL 32778 US**FEI Number:** 59-3662507**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DELEON, HECTOR  
1799 SALK AVENUE  
TAVARES, FL 32778 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           | DVS                  |
| Name            | DE LEON, HECTOR M.D. |
| Address         | 1799 SALK AVENUE     |
| City-State-Zip: | TAVARES FL 32778     |

|                 |                  |
|-----------------|------------------|
| Title           | DPT              |
| Name            | DELEON, HECTOR   |
| Address         | 1799 SALK AVENUE |
| City-State-Zip: | TAVARES FL 32778 |

|                 |                  |
|-----------------|------------------|
| Title           | SVP              |
| Name            | MCDONOUGH, JAMES |
| Address         | 1799 SALK AVENUE |
| City-State-Zip: | TAVARES FL 32778 |

*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:** HECTOR DE LEON

PRESIDENT

04/24/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date