

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000100056

**Entity Name:** EVEREST HEALTHCARE CORPORATION

**Current Principal Place of Business:**

EVEREST HEALTHCARE CORPORATION  
7901 4TH STREET NORTH SUITE 300  
SAINT PETERSBURG, FL 33702

**Current Mailing Address:**

EVEREST HEALTHCARE CORPORATION  
7901 4TH STREET NORTH SUITE 300  
SAINT PETERSBURG, FL 33702 US

**FEI Number:** 30-0963632

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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:** BILL HAVRE

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, P  
Name KHAN, AKBAR  
Address EVEREST HEALTHCARE  
CORPORATION  
7901 4TH STREET NORTH SUITE 300  
City-State-Zip: SAINT PETERSBURG FL 33702

*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:** AKBAR KHAN

**DIRECTOR**

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date