

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000064710

**Entity Name:** POSITIVE BEHAVIOR HEALTH MANAGEMENT CORPORATION

**Current Principal Place of Business:**

7108 S. KANNER HWY  
STUART, FL 34997

**Current Mailing Address:**

7108 S. KANNER HWY  
STUART, FL 34997 US

**FEI Number: 84-2872384**

**Certificate of Status Desired:** No

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

NOLAN, MICHAEL E  
7108 S. KANNER HWY  
STUART, FL 34997 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  
Name NOLAN, MICHAEL  
Address 7108 S. KANNER HWY.  
City-State-Zip: STUART FL 34997

*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: MICHAEL NOLAN**

**PRESIDENT**

**02/05/2025**

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

\_\_\_\_\_  
Date