**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 29, 2020**
**Secretary of State**
**8607790596CC**

DOCUMENT# P19000084593

**Entity Name:** BLUE BEHAVIOR THERAPY INC.

**Current Principal Place of Business:**

13037 SW 284 ST
HOMESTEAD, FL 33033

**Current Mailing Address:**

13037 SW 284 ST
HOMESTEAD, FL 33033

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

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

RIVERA QUINTERO, ESTEPFANIA
13037 SW 284 ST
HOMESTEAD, FL 33033 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 | RIVERA QUINTERO, ESTEPFANIA |
| Address | 13037 SW 284 ST |
| City-State-Zip: | HOMESTEAD FL 33033 |

*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: ESTEPFANIA RIVERA QUINTERO 06/29/2020

Electronic Signature of Signing Officer/Director Detail — Date