

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000062606

**Entity Name:** CHILDRENS BEHAVIORAL INTERVENTION CORP.

**Current Principal Place of Business:**

1601 BELVEDERE RD E300  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

1601 BELVEDERE RD E300  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 87-1621107

**Certificate of Status Desired:** No

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

DELVALLE, JONATHAN E  
1601 BELVEDERE RD E300  
WEST PALM BEACH, FL 33406 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 JONRAY HEALTH GROUP INC.  
Address 1601 BELVEDERE RD E300  
City-State-Zip: WEST PALM BEACH FL 33406

Title P  
Name AR HEALTH CONSULTANTS, LLC  
Address 14311 CYPRESS CT  
City-State-Zip: MIAMI LAKES FL 33014

Title P  
Name ARMANDO GARCIA P.A.  
Address 1061 IBIS AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** JONATHAN DELVALLE

**PRESIDENT**

**03/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date