

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24000015051

**Entity Name:** SUPPORTIVE BEHAVIOR THERAPY INC

**Current Principal Place of Business:**

35535 SW 189TH AVE  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

35535 SW 189TH AVE  
FLORIDA CITY, FL 33034

**FEI Number:** 99-1632463

**Certificate of Status Desired:** No

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

CAMACHO, JANNETTE  
35535 SW 189TH AVE  
FLORIDA CITY, FL 33034 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 CAMACHO, JANNETTE  
Address 35535 SW 189TH AVE  
City-State-Zip: FLORIDA CITY FL 33034

*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:** JANNETTE CAMACHO

P

04/04/2025

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

\_\_\_\_\_  
Date