

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000000586

**Entity Name:** CENTER FOR BEHAVIORAL HEALTHCARE, P.A.

**Current Principal Place of Business:**

5683 STRAND COURT  
SUITE 1  
NAPLES, FL 34110

**Current Mailing Address:**

P.O. BOX 366651  
BONITA SPRINGS, FL 34136 US

**FEI Number:** 65-0886869

**Certificate of Status Desired:** No

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

KASPRZAK, CHERYL  
5683 STRAND COURT  
SUITE 1  
NAPLES, FL 34110 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 PD  
Name KASPRZAK, CHERYL  
Address 5683 STRAND COURT  
SUITE 1  
City-State-Zip: NAPLES FL 34110

*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:** CHERYL JANE KASPRZAK

**PRESIDENT**

**02/14/2023**

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

\_\_\_\_\_  
Date