435 CLARK RO SUITE 107	AD			
JACKSONVILLE	E, FL 32218			
Current Mai	ling Address:			
	-			
P.O. BOX 40 JACKSONVI	551 LLE, FL 32203			
	, · _ · _ · _ · _ · _ · _ · _ · _ ·			
FEI Number: 27-3864837			Certificate of Status Desired: Yes	
Name and Address of Current Registered Agent:				
NULAND LAW I 1000 RIVERSID JACKSONVILLE				
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: CHRISTOPHER NULAND				03/31/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	CEO	Title		
	CEO	The	CFO	
Name	JACKSON, DON B	Name	CFO RELEFORD, ROBERT	
Name Address				
	JACKSON, DON B 435 CLARK ROAD 107	Name Address	RELEFORD, ROBERT 435 CLARK ROAD	
Address	JACKSON, DON B 435 CLARK ROAD 107	Name Address	RELEFORD, ROBERT 435 CLARK ROAD SUITE 107	
Address	JACKSON, DON B 435 CLARK ROAD 107	Name Address	RELEFORD, ROBERT 435 CLARK ROAD SUITE 107	
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Address	JACKSON, DON B 435 CLARK ROAD 107	Name Address	RELEFORD, ROBERT 435 CLARK ROAD SUITE 107	
Address	JACKSON, DON B 435 CLARK ROAD 107	Name Address	RELEFORD, ROBERT 435 CLARK ROAD SUITE 107	

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DON JACKSON

CEO

03/31/2015

FILED Mar 31, 2015

Secretary of State

CC4627541695

Electronic Signature of Signing Authorized Person(s) Detail

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: RIGHT PATH BEHAVIORAL HEALTH SERVICES, LLC

DOCUMENT# L10000109957

Current Principal Place of Business: