oath; that I am a managing member or manager of the limited liability company or the receiver or t	trustee empowered to execute this report as require	ed by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: DON JACKSON	CEO	04/12/2022

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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L10000109957 Entity Name: RIGHT PATH BEHAVIORAL HEALTH SERVICES, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3890 DUNN AVE SUITE 1104 JACKSONVILLE, FL 32218

## **Current Mailing Address:**

P.O. BOX 40551 JACKSONVILLE, FL 32203

## FEI Number: 27-3864837

Name and Address of Current Registered Agent:

RIBER, BLAKE 1010 EAST ADAMS STE 111 JACKSONVILLE, FL 32202 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:	BLAKE RIBER	04/12/2022
	Electronic Signature of Registered Agent	Date

Authorized Person(s) Detail :

Title	CEO
Name	JACKSON, DON B
Address	3890 DUNN AVE SUITE 1104
City-State-Zip:	JACKSONVILLE FL 32218

FILED Apr 12, 2022 Secretary of State 9560802438CC

Certificate of Status Desired: No

Date