

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109957

**Entity Name:** RIGHT PATH BEHAVIORAL HEALTH SERVICES, LLC

**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

**Certificate of Status Desired:** No

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

JACKSON, DON  
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:** DON JACKSON

01/21/2023

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

*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

**OWNER**

01/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date