

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109957

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

**Current Principal Place of Business:**

435 CLARK ROAD  
408-5  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX 40551  
JACKSONVILLE, FL 32203

**FEI Number:** 27-3864837

**Certificate of Status Desired:** Yes

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

R&R SECURITY SOLUTIONS  
989 MONUMENT ROAD  
1015  
JACKSONVILLE, FL 32225 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:** ROBERT L. RELEFORD

06/11/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JACKSON, DON  
Address 435 CLARK ROAD #408-5  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DON B. JACKSON JR.

CEO

06/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date