

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109957

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

**Current Principal Place of Business:**

435 CLARK ROAD  
SUITE 107  
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:**

RIBER, BLAKE  
4496 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216 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

01/22/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            JACKSON, DON B  
Address        435 CLARK ROAD  
                  107  
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

CEO

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date