

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000106795

Entity Name: LIFESKILLS SOUTH FLORIDA OUTPATIENT, LLC

Current Principal Place of Business:

720 COOL SPRINGS BOULEVARD
SUITE 550
FRANKLIN, TN 37067

Current Mailing Address:

720 COOL SPRINGS BOULEVARD
SUITE 550
FRANKLIN, TN 37067 US

FEI Number: 45-3536330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MADONNA CUDDIHY, ASST. SECRETARY

03/30/2026

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER	Title	AUTHORIZED SIGNER
Name	ODYSSEY BEHAVIORAL HEALTHCARE LLC	Name	BRADY, RUSH
Address	720 COOL SPRINGS BOULEVARD SUITE 550	Address	720 COOL SPRINGS BOULEVARD SUITE 550
City-State-Zip:	FRANKLIN TN 37067	City-State-Zip:	FRANKLIN TN 37067

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: RUSH BRADY

AUTHORIZED SIGNER

03/30/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date