

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000106795

Entity Name: LIFESKILLS SOUTH FLORIDA OUTPATIENT, LLC

Current Principal Place of Business:

105 WESTPARK DR.
STE. 410
BRENTWOOD, TN 37027

Current Mailing Address:

105 WESTPARK DR.
STE. 410
BRENTWOOD, TN 37027 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

03/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name ODYSSEY BEHAVIORAL HEALTHCARE, LLC
Address 105 WEST PARK DRIVE
City-State-Zip: BRENTWOOD TN 37027

Title MEMBER
Name SARNACKE, SCOTT
Address 105 WESTPARK DR. STE. 410
City-State-Zip: BRENTWOOD TN 37027

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: SCOTT SARNACKE

MEMBER

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date