

**2024 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

04/03/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name ODYSSEY BEHAVIORAL  
HEALTHCARE, LLC  
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:** ODYSSEY BEHAVIORAL HEALTHCARE, LLC

MEMBER

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date