**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 15, 2019**
**Secretary of State**
**4030036660CC**

DOCUMENT# L13000079124

**Entity Name:** FULL CIRCLE BEHAVIORAL HEALTH SERVICES, LLC

**Current Principal Place of Business:**

7151 MAILLER ST
ORLANDO, FL 32818

**Current Mailing Address:**

7151 MAILLER ST
ORLANDO, FL 32818 US

**FEI Number: 46-2924811**

**Certificate of Status Desired:** Yes

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

FULLER, BARBARA
7151 MAILLER ST
ORLANDO, FL 32818 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: BARBARA FULLER 02/15/2019

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | FULLER, BARBARA |
| Address | 7151 MAILLER ST |
| City-State-Zip: | ORLANDO FL 32818 |

*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: BARBARA JO FULLER MGRM 02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date