#### 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: CHRISTY COBBUM-DOWNEY

MGR

Electronic Signature of Signing Authorized Person(s) Detail

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

# DOCUMENT# L17000176646

# Entity Name: GULFCOAST PSYCHIATRIC ASSOCIATES, LLC

# **Current Principal Place of Business:**

6150 DIAMOND CENTRE COURT **BLDG 500** FORT MYERS, FL 33912

# **Current Mailing Address:**

6150 DIAMOND CENTRE COURT **BLDG 500** FORT MYERS, FL 33912

# FEI Number: 82-2620743

# Name and Address of Current Registered Agent:

DOWNEY, JORDAN P 6150 DIAMOND CENTRE COURT **BLDG 500** FORT MYERS, FL 33912 US

The abou

SIGNATURE	: JORDAN DOWNEY			01/13/2025	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	AP		
Name	COBBUM-DOWNEY, CHRISTY	Name	DOWNEY, PATRICK		
Address	6150 DIAMOND CENTRE COURT BLDG 500	Address	6150 DIAMOND CENTRE COUR BLDG 500	Т	
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912		

ove named	entity submits this statement for the purpose of changing	g its registered office or re	gistered agent, or both, in the State of Florida.	
ATURE	JORDAN DOWNEY			01/
	Electronic Signature of Registered Agent			
orized F	Person(s) Detail :			
	MGR	Title	AP	
	COBBUM-DOWNEY, CHRISTY	Name	DOWNEY, PATRICK	
SS	6150 DIAMOND CENTRE COURT	Address	6150 DIAMOND CENTRE COURT	

# FILED Jan 13, 2025 Secretary of State 7870090241CR

Certificate of Status Desired: Yes

Date

01/13/2025