

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000263040

**Entity Name:** ORION MENTAL HEALTH CENTER LLC

**Current Principal Place of Business:**

1460 NW 107TH AVE STE N  
MIAMI, FL 33172-2733

**Current Mailing Address:**

1460 NW 107TH AVE STE N  
MIAMI, FL 33172-2733 US

**FEI Number:** 82-3834421

**Certificate of Status Desired:** No

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

CHEPE, LAZARO  
1460 NW 107TH AVE STE N  
MIAMI, FL 33172-2733 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:** LAZARO CHEPE

10/20/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, MANAGER  
Name CHEPE, LAZARO  
Address 1460 NW 107TH AVE STE N  
City-State-Zip: MIAMI FL 33172-2733

*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:** LAZARO CHEPE

MGR

10/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date