

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000226276

**Entity Name:** MEDINA BEHAVIOR & HEALTH SERVICES, LLC.

**Current Principal Place of Business:**

2885 SE 1ST DR  
UNIT 1  
HOMESTEAD, FL 33033

**Current Mailing Address:**

2885 SE 1ST DR  
UNIT 1  
HOMESTEAD, FL 33033 US

**FEI Number:** 83-2023601

**Certificate of Status Desired:** No

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

MEDINA CASTILLO, PAOLA E  
2885 SE 1ST DR  
UNIT 1  
HOMESTEAD, FL 33033 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:** PAOLA E. MEDINA CASTILLO

03/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MEDINA, PAOLA E  
Address 2885 SE 1ST DR  
UNIT 1  
City-State-Zip: HOMESTEAD FL 33033

*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:** PAOLA MEDINA CASTILLO

OWNER

03/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date