

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000239498

Entity Name: MENTAL HEALTH OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3819 SE 38TH LOOP
OCALA, FL 34480

Current Mailing Address:

3819 SE 38TH LOOP
OCALA, FL 34480

FEI Number: 83-2262670

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERRER HOPGOOD, IVONNE M
3819 SE 38TH LOOP
OCALA, FL 34480 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name FERRER HOPGOOD, IVONNE M
Address 3819 SE 38TH LOOP
City-State-Zip: Ocala FL 34480

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: IVONNE M FERRER HOPGOOD

MGR

02/17/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date