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: TIMOTHY WEIL

OWNER-CLINICAL DIRECTOR

Electronic Signature of Signing Authorized Person(s) Detail

<u>202</u>	2 FLORIDA	LIMITED	LIABILITY	COMPANY	ANNUAL	<u>REPORT</u>

DOCUMENT# L19000088503

Entity Name: TANDEM BEHAVIORAL HEALTH & WELLNESS, LLC

Current Principal Place of Business:

802 WEST HENRY AVE TAMPA, FL 33604

Current Mailing Address:

802 WEST HENRY AVE TAMPA, FL 33604 US

FEI Number: 47-5056506

Name and Address of Current Registered Agent:

WEIL, TIMOTHY DR. 802 WEST HENRY AVE TAMPA, FL 33604 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: DR. TIMOTHY WEIL

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR			
Name	WEIL, TIMOTHY DR.			
Address	802 WEST HENRY AVE			
City-State-Zip:	TAMPA FL 33604			

Certificate of Status Desired: No

04/18/2022 Date

04/18/2022

Date

FILED Apr 18, 2022 Secretary of State 7115388060CC