

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000347393

Entity Name: MEADOWBROOK PSYCHIATRIC AND COUNSELING CENTRE, LLC

Current Principal Place of Business:

1801 CRYSTAL LAKE DRIVE
LAKELAND, FL 33801

Current Mailing Address:

1815 CRYSTAL LAKE DR.
LAKELAND, FL 33801 US

FEI Number: 85-3713024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRI-COUNTY HUMAN SERVICES, INC.
1815 CRYSTAL LAKE DR.
LAKELAND, FL 33801 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 CEO
Name RIHN, ROBERT C
Address 1815 CRYSTAL LAKE DR.
City-State-Zip: LAKELAND FL 33801

Title AR
Name PHILLIPS, TINA
Address 1815 CRYSTAL LAKE DR.
City-State-Zip: LAKELAND FL 33801

Title AR
Name VANSTEE, DONN C JR
Address 1815 CRYSTAL LAKE DR.
City-State-Zip: LAKELAND FL 33801

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: TINA S PHILLIPS

AR

01/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date