

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000279768

**Entity Name:** ONYX PSYCHIATRIC SERVICES, LLC

**Current Principal Place of Business:**

9845 COBBLESTONE CREEK DRIVE  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

9845 COBBLESTONE CREEK DRIVE  
BOYNTON BEACH, FL 33472

**FEI Number:** 87-1225664

**Certificate of Status Desired:** Yes

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

PHILOGENE, RONALD D  
9845 COBBLESTONE CREEK DRIVE  
BOYNTON BEACH, FL 33472 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	AMBR	Title	AMBR
Name	PHILOGENE, SHERLINE C	Name	PHILOGENE, RONALD D
Address	9845 COBBLESTONE CREEK DRIVE	Address	9845 COBBLESTONE CREEK DRIVE
City-State-Zip:	BOYNTON BEACH FL 33472	City-State-Zip:	BOYNTON BEACH FL 33472

*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:** RONALD D PHILOGENE

AMBR

04/28/2022

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date