

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000354672

**Entity Name:** RUBY BEACH BEHAVIORAL PEDIATRICS LLC

**Current Principal Place of Business:**

12086 FORT CAROLINE ROAD  
UNIT 102  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

690 TROWBRIDGE DRIVE  
JACKSONVILLE, FL 32225 US

**FEI Number:** 87-2305640

**Certificate of Status Desired:** Yes

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

ALEXANDER, MEGAN T  
690 TROWBRIDGE DRIVE  
JACKSONVILLE, FL 32223 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            MULKEARNS, MATTHEW  
Address        12086 FORT CAROLINE ROAD  
                  UNIT 102  
City-State-Zip: JACKSONVILLE FL 32225

Title            CEO  
Name            ALEXANDER, MEGAN T  
Address        12086 FORT CAROLINE ROAD  
                  UNIT 102  
City-State-Zip: JACKSONVILLE FL 32225

Title            AUTHORIZED REPRESENTATIVE  
Name            MULKEARNS, CHASE E  
Address        12086 FORT CAROLINE ROAD  
                  UNIT 102  
City-State-Zip: JACKSONVILLE FL 32225

Title            AUTHORIZED MEMBER  
Name            GRACE, TIMOTHY  
Address        12086 FORT CAROLINE ROAD  
                  UNIT 102  
City-State-Zip: JACKSONVILLE FL 32225

*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:** MEGAN ALEXANDER

CEO

04/10/2023

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

\_\_\_\_\_  
Date