2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2022
Secretary of State
5966174152CC

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Entity Name: LIVE OAK BEHAVIORAL HEALTH MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

2634 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Current Mailing Address:

2634 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REEVE, JAY A
2634 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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	DIRECTOR
Name	COPELAND, BRANT
Address	1110 SANDHURST DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR
Name	PROCTOR, MARTIN
Address	2218 DEMERON ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	DAILEY, JOHN
Address	703 LIVE OAK PLANTATION ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	CEO
Name	REEVE, JAY
Address	2634 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VC
Name	DOZIER, KELLY
Address	2101 E. RANDOLPH CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

Title	CHAIRMAN
Name	LANIER, STEVE
Address	126 HICKORY DIP
City-State-Zip:	EASTPOINT FL 32328

Title	DIRECTOR
Name	THOMPSON, JAMES H
Address	163 LUTEN ROAD
City-State-Zip:	QUINCY FL 32352

Title	COO
Name	CONGER, SUE
Address	2634 CAPITAL CIRCLE NE
City-State-Zip:	TALLAHASSEE FL 32308

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: JAY REEVE CEO 02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date