

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000082153

Entity Name: BEHAVIORS ISLAND HEALTH SERVICES, LLC

Current Principal Place of Business:

1601 SW BUTTERCUP AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1601 SW BUTTERCUP AVE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 88-1742366

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TERRA LEAL, KATHERIN
1601 SW BUTTERCUP AVE
PORT SAINT LUCIE, FL 34953 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 MGR
Name TERRA LEAL, KATHERIN
Address 1601 SW BUTTERCUP AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

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: KATHERIN TERRA LEAL

PRESIDENT

04/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date