

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000454096

**Entity Name:** SALIX BEHAVIORAL AND WELLNESS SERVICES, LLC

**Current Principal Place of Business:**

4640 LIPSCOMB ST NE  
SUITE 5  
PALM BAY, FL 32905

**Current Mailing Address:**

4640 LIPSCOMB ST NE  
SUITE 5  
PALM BAY, FL 32905

**FEI Number:** 93-3738087

**Certificate of Status Desired:** No

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

POLANCO, DILIANA B  
4640 LIPSCOMB ST NE  
SUITE 5  
PALM BAY, FL 32905 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  
Name            POLANCO, DILIANA B  
Address        4640 LIPSCOMB ST NE. STE 5  
City-State-Zip: PALM BAY FL 32905

Title            AMBR  
Name            POLANCO, ARTURO A  
Address        4640 LIPSCOMB ST NE. STE 5  
City-State-Zip: PALM BAY FL 32905

*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:** DILIANA B. POLANCO

AMBR

03/01/2024

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

\_\_\_\_\_  
Date