

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000345248

**Entity Name:** FLORIDA THERAPY BEHAVIORAL LLC

**Current Principal Place of Business:**

3205 W 16 AVE LOT A-4  
MIAMI, FL 33012

**Current Mailing Address:**

3205 W 16 AVE LOT A-4  
MIAMI, FL 33012

**FEI Number: 99-4405066**

**Certificate of Status Desired: No**

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

ALVAREZ OVIEDO, MARICARLA  
3205 W 16 AVE LOT A-4  
MIAMI, FL 33012 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 ALVAREZ OVIEDO, MARICARLA  
Address 3205 W 16 AVE LOT A-4  
City-State-Zip: MIAMI FL 33012

*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: MARICARLA ALVAREZ OVIEDO**

**FLORIDA THERAPY  
BEHAVIORAL LLC**

**01/29/2026**

Electronic Signature of Signing Authorized Person(s) Detail

Date