

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000015757

**Entity Name:** COLLEGIATE BEHAVIORAL HEALTH ASSOCIATES, LLC

**Current Principal Place of Business:**

7000 PALMETTO PARK RD  
SUITE 308  
BOCA RATON, FL 33433

**Current Mailing Address:**

7901 4 ST N STE 300  
ST PETERSBURG, FL 33702

**FEI Number:** 88-4183491

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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 RUBIN, MITCHELL  
Address 7000 PALMETTO PARK RD  
SUITE 308  
City-State-Zip: BOCA RATON FL 33433

*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:** RUBIN, MITCHELL

MGR

02/21/2023

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

\_\_\_\_\_  
Date