

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000518737

FILED
May 15, 2024
Secretary of State
7441991496CC

Entity Name: CENTER FOR ADDICTION AND MENTAL HEALTH PROGRAMS
ORLANDO LLC

Current Principal Place of Business:

4201 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

Current Mailing Address:

4201 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

FEI Number: 99-1417867

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULTZ, GERALD W
3691 STATE ROAD 580 W
SUITE H
OLDSMAR, FL 34667 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 AUTHORIZED REPRESENTATIVE
Name ALTIER, ALEXIS
Address 4201 SOUTH ORANGE BLOSSOM
 TRAIL
City-State-Zip: ORLANDO FL 32839

Title MANAGER
Name RUH, TIMOTHY
Address 4201 SOUTH ORANGE BLOSSOM
 TRAIL
City-State-Zip: ORLANDO FL 32839

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: ALEXIS ALTIER

**AUTHORIZED
REPRESENTATIVE**

05/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date