

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000026733

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Entity Name:** LOVELL-GLASER BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

11258 COIMBRA LANE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

11258 COIMBRA LANE  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 27-5311819      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVID S. GED, PA  
6622 WILLOW PARK DRIVE  
202  
NAPLES, FL 34109 US

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

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: DAVID S. GED, RA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LOVELL, LAUREN A  
**Address:** 1225 SW 34TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33914 US

**Title:** MGRM  
**Name:** GLASER, WILLIAM L  
**Address:** 11258 COIMBRA LANE  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM L. GLASER

MGRM

10/21/2013

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date