# that my name appears above, or on an attachment with all other like empowered. 01/29/2017

SIGNATURE: TARA P. HRUBY

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 1101 NE 15TH STREET CAPE CORAL, FL 33909

FEI Number: 45-1516750

### Name and Address of Current Registered Agent:

HRUBY, TARA PLMHC 1101 NE 15TH STREET CAPE CORAL, FL 33909 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

### Authorized Person(s) Detail :

Title	MGR
Name	HRUBY, TARA PLMHC
Address	1101 NE 15TH STREET
City-State-Zip:	CAPE CORAL FL 33909

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

MANAGER/OWNER

Date

Date

FILED Jan 29, 2017 Secretary of State CC9770794488

Certificate of Status Desired: No

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Entity Name: PIPER COUNSELING & PSYCHIATRIC SERVICES, LLC

**Current Principal Place of Business:** 

1639 CAPE CORAL PKWY, STE 211 CAPE CORAL. FL 33904

DOCUMENT# L10000092365