

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000009333

Entity Name: AFTER CARE CENTERS OF FLORIDA,LLC

Current Principal Place of Business:

35111 US 19
101
PALM HARBOR, FL 34684

Current Mailing Address:

35111 US 19
101
PALM HARBOR, FL 34684 US

FEI Number: 61-1578684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELLER, SAM ESQ.
200 CENTRAL AVE
SUITE 200
ST PETERSBURG, FL 33701 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: SAMUEL HELLER

01/12/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AUSLANDER, DAVID S
Address 35111 US 19
City-State-Zip: PALM HARBOR FL 34684

Title MGR
Name MAJORANA, JAMES S DR.
Address 35111 US 19
City-State-Zip: PALM HARBOR FL 34684

Title MGR
Name HECKROTH, GREGORY
Address 35111 US 19
101
City-State-Zip: PALM HARBOR FL 33684

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: DAVID AUSLANDER

01/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date