

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000009333

Entity Name: AFTER CARE CENTERS OF FLORIDA,LLC

Current Principal Place of Business:

3380 66TH STREET NORTH
ST PETERSBURG, FL 33710

Current Mailing Address:

3380 66TH STREET N
ST PETERSBURG, FL 33710 US

FEI Number: 61-1578684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARVARD BUSINESS SOLUTIONS
200 CENTRAL AVE
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: STELLA GRIMES

03/06/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TORRES=RUIZ, CELLILO DR.
Address 3380 66TH STREET NORTH
City-State-Zip: ST PETERSBURG FL 33710

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

ADM

03/06/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date