

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000009333

**Entity Name:** AFTER CARE CENTERS OF FLORIDA,LLC

**Current Principal Place of Business:**

1812 US 19  
HOLIDAY, FL 34691

**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:**

RUIZ, CECILLIO T MEM-MGR  
1812 US 19  
HOLIDAY, FL 34691 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: CECILLIO TORRES RUIZ**

**05/06/2014**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, MEM  
Name RUIZ, CECILLIO T DR.  
Address 1812 US 19  
City-State-Zip: HOLIDAY FL 34691

Title MGR/MEM  
Name MAJORANA, JAMES DR.  
Address 1812 US 19  
City-State-Zip: HOLIDAY FL 34691

Title MGR  
Name HECKROTH, GREG  
Address 1812 US 19  
City-State-Zip: HOLIDAY FL 34691

*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: GREG HECKROTH**

**MGR**

**05/06/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date