

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000026733

Entity Name: LOVELL-GLASER BEHAVIOR THERAPY LLC

Current Principal Place of Business:

11258 COIMBRA LANE
BONITA SPRINGS, FL 34135

Current Mailing Address:

11258 COIMBRA LANE
BONITA SPRINGS, FL 34135 US

FEI Number: 27-5311819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	LOVELL, LAUREN A	Name	GLASER, WILLIAM L
Address	1225 SW 34TH TERRACE	Address	11258 COIMBRA LANE
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	BONITA SPRINGS FL 34135

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: LAUREN A LOVELL

MGRM

02/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date