

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000026733

**Entity Name:** LOVELL-GLASER BEHAVIOR THERAPY LLC

**Current Principal Place of Business:**

2675 HORSESHOE DR. S.  
STE 404  
NAPLES, FL 34104

**Current Mailing Address:**

2675 HORSESHOE DR. S.  
STE 404  
NAPLES, FL 34104 US

**FEI Number:** 27-5311819

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EVANS, JAMES  
2675 HORSESHOE DR. S.  
STE 404  
NAPLES, FL 34104 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:** JAMES EVANS

01/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GLASER, WILLIAM L  
Address 11258 COIMBRA LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title AUTHORIZED MEMBER  
Name EVANS, JAMES  
Address 2675 HORSESHOE DR. S.  
STE 404  
City-State-Zip: NAPLES FL 34104

Title AUTHORIZED MEMBER  
Name EVANS, JON  
Address 8237 VICELA DR  
City-State-Zip: SARASOTA FL 34240

*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:** JAMES EVANS

CFO

01/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date