# 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: MCDERMOTT, GEORGE DR

# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000118561

### Entity Name: ACADEMY 4 HEALTH BOYNTON BEACH LLC

### **Current Principal Place of Business:**

810 SW 6TH AVENUE BOYNTON BEACH. FL 33426

## **Current Mailing Address:**

810 SW 6TH AVENUE BOYNTON BEACH. FL 33426

## FEI Number: 35-2348714

## Name and Address of Current Registered Agent:

ALUKA, KODJO 150 E SAMPLE ROAD STE 110 POMPANO BEACH, FL 33064 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

## Authorized Person(s) Detail :

Title	PRES	Title	VICE
Name	MCDERMOTT, GEORGE DR	Name	FRANCIS, JOSEPH
Address	810 SW 6TH AVENUE	Address	6677 SOUTH PORT DRIVE
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426

Electronic Signature of Signing Authorized Person(s) Detail

## FILED Mar 04, 2015 Secretary of State CC8621912587

Certificate of Status Desired: No

PRESIDENT

03/04/2015

Date

Date