

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000134087

Entity Name: HOPEWELL CENTRE FOR HEALTHY LIVING, LLC

Current Principal Place of Business:

8910 MIRAMAR PARKWAY
SUITE 207
MIRAMAR, FL 33025

Current Mailing Address:

8910 MIRAMAR PARKWAY
SUITE 207
MIRAMAR, FL 33025

FEI Number: 46-1286389

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCHAYLE, LINDA
DEVINE MENTAL HEALTH & ADDICTION SERVICES
8910 MIRAMAR PARKWAY, SUITE 207
MIRAMAR, FL 33025 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 MGR
Name MORRIS, ELAINE LMHC, C
Address 885 SW 173RD AVENUE
City-State-Zip: PEMBROKE PINES FL 33029

Title MGRM
Name MORRIS, DAVID
Address 885 SW 173RD AVE
City-State-Zip: PEMBROKE PINES FL 33029

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: ELAINE MORRIS

DIRECTOR/THERAPIST

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date