

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000097548

**Entity Name:** EMPOWERED FAMILY THERAPY SERVICES LLC

**Current Principal Place of Business:**

6620 SOUTHPOINT DRIVE SOUTH  
SUITE # 201  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

11518 OAKBANK COURT  
JACKSONVILLE, FL 32218

**FEI Number:** 46-3094877

**Certificate of Status Desired:** No

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

BRUNO, JUANITA C PHD  
6620 SOUTHPOINT DRIVE SOUTH  
SUITE # 201  
JACKSONVILLE, FL 32216 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:** JUANITA C. BRUNO

07/20/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            BRUNO, JUANITA C PHD  
Address        6620 SOUTHPOINT DRIVE SOUTH  
                  SUITE #201  
City-State-Zip: JACKSONVILLE FL 32216

*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:** JUANITA C. BRUNO

PHD

07/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date