

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000098036

Entity Name: SANTIAGO MENTAL HEALTH CENTER, LLC

Current Principal Place of Business:

2931 NE 1ST DRIVE
HOMESTEAD , FL 33033

Current Mailing Address:

2931 NE 1ST DRIVE
HOMESTEAD , FL 33033 US

FEI Number: 46-4856912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTIAGO-GUIA, RINA S PSYD
2931 NE 1ST DRIVE
HOMESTEAD , FL 33033 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: RINA S SANTIAGO-GUIA, PSYD

03/27/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SANTIAGO-GUIA, RINA S
Address 2931 NE 1ST DRIVE
City-State-Zip: HOMESTEAD FL 33033

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: RINA SHAILY SANTIAGO-GUIA

LICENSED
PSYCHOLOGIST

03/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date