

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000120147

**FILED  
Mar 14, 2014  
Secretary of State  
CC9627552948**

**Entity Name:** DIVERSE TREATMENT SOLUTIONS LLC

**Current Principal Place of Business:**

19495 BISCAYNE BLVD  
403  
AVENTURA, FL 33180

**Current Mailing Address:**

19495 BISCAYNE BLVD  
403  
AVENTURA, FL 33180 US

**FEI Number:** 46-3531671

**Certificate of Status Desired:** No

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

VILAR, CONSUELO  
19495 BISCAYNE BLVD  
403  
AVENTURA, FL 33180 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 MGRM  
Name VILAR, CONSUELO  
Address 19495 BISCAYNE BLVD  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name FANALI, MATTHEW JR  
Address 600 SNUG HARBOR DRIVE A9  
City-State-Zip: BOYNTON BEACH FL 33435

Title MNGR  
Name FEIERTAG, CAMILA  
Address 303 E. WOOLBRIGHT RD  
254  
City-State-Zip: BOYNTON BEACH FL 33435

*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:** CAMILA FEIERTAG

**MNGR**

**03/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date