2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000120147

Entity Name: DIVERSE TREATMENT SOLUTIONS LLC

Current Principal Place of Business:

415 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

Current Mailing Address:

1500 W CYPRESS CREEK ROAD
 SUITE 417
FT LAUDERDALE, FL 33309 US

FEI Number: 46-3531671

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YARCHIN, SHANE
1500 W CYPRESS CREEK ROAD
 SUITE 417
FT LAUDERDALE, FL 33309 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: SHANE YARCHIN   04/29/2016

Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	NAI HOLDINGS LLC	Name	YARCHIN, SHANE
Address	1500 W CYPRESS CREEK ROAD SUITE 417	Address	1500 W CYPRESS CREEK ROAD SUITE 417
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309

Title	MEMBER	Title	MEMBER
Name	CHRISTINA , YARCHIN	Name	GOLDSTEIN, JODI
Address	1500 W CYPRESS CREEK ROAD SUITE 417	Address	1500 W CYPRESS CREEK ROAD SUITE 417
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309

Title	MEMBER	Title	MEMBER
Name	GOLDSTEIN, ROBIN	Name	FIERETAG, CAMILLA
Address	1500 W CYPRESS CREEK ROAD SUITE 417	Address	1500 W CYPRESS CREEK ROAD SUITE 417
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309

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: NAI HOLDINGS LLC   MGR   04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail   Date