

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Aug 04, 2015
Secretary of State
CC8437515155

Entity Name: OCEAN ADDICTION RECOVERY SERVICES, LLC

Current Principal Place of Business:

1705 19TH PLACE, STE E-2
VERO BEACH, FL 32960

Current Mailing Address:

1705 19TH PLACE, STE E-2
VERO BEACH, FL 32960 US

FEI Number: 46-3930430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGNIHOTRI, LOVEE
1775 HAWKINS COVE DRIVE E.
JACKSONVILLE, FL 32246 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: LOVEE AGNIHOTRI

08/04/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HURT, KATHRYN M	Name	PEARL, LYNN E
Address	162 COCONUT STREET	Address	1705 19TH PLACE SUITE E2
City-State-Zip:	SEBASTIAN FL 32958	City-State-Zip:	VERO BEACH FL 32960
Title	MGRM, CMO		
Name	PAULIAN, GABRIEL D.		
Address	P.O. BOX 19753		
City-State-Zip:	JACKSONVILLE FL 32245		

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: LYNNE PEARL

REGISTERED AGENT

08/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date