

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 18, 2016
Secretary of State
CC2569361661

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

01/18/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HURT, KATHRYN M
Address 162 COCONUT STREET
City-State-Zip: SEBASTIAN FL 32958

Title MGR
Name PEARL, LYNN E
Address 1705 19TH PLACE
SUITE E2
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: KATHRYN HURT

MGR

01/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date