

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000023353

**Entity Name:** LUKENS CLIENT SERVICES, LLC**Current Principal Place of Business:**770 SE INDIAN STREET  
STUART, FL 34997**Current Mailing Address:**770 SE INDIAN STREET  
STUART, FL 34997 US**FEI Number:** 46-4827898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABERNETHY, BRUCE R JR.  
130 S. INDIAN RIVER DRIVE, SUITE 201  
FT. PIERCE, FL 34950 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 TREATMENT MANAGEMENT  
COMPANY, LLC  
Address 770 SE INDIAN STREET  
City-State-Zip: STUART FL 34997

Title PRESIDENT  
Name CAMPAGNA, CHARLES J  
Address 770 SE INDIAN STREET  
City-State-Zip: STUART FL 34997

Title CHRO  
Name HIFFA, MICHAEL  
Address 770 SE INDIAN STREET  
City-State-Zip: STUART FL 34997

Title CEO  
Name VALAZQUEZ, RAY  
Address 770 SE INDIAN STREET  
City-State-Zip: STUART FL 34997

Title CFO  
Name SAMPAT, MICHAEL  
Address 770 SE INDIAN STREET  
City-State-Zip: STUART FL 34997

Title EVP  
Name COSTELLO, FRANCINE  
Address 770 SE INDIAN STREET  
City-State-Zip: STUART FL 34997

*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: JOSHUA A. PAYNE****CORPORATE COUNSEL****05/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date