

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000145885

Entity Name: ADVANTAGE MENTAL HEALTH CENTER, LLC**Current Principal Place of Business:**28465 US HWY 19 N SUITE 200
CLEARWATER, FL 33761**Current Mailing Address:**28465 US HWY 19 N SUITE 200
CLEARWATER, FL 33761 US**FEI Number:** 47-1868136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HERVEY, DAVID R
28465 US HWY 19 N SUITE 200
CLEARWATER, FL 33761 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 MGR, PRESIDENT
Name HERVEY, WILLIAM M
Address 4035 CARLYLE LAKES BLVD.
City-State-Zip: PALM HARBOR FL 34685

Title MGR, CEO
Name HERVEY, DAVID R
Address 306 ANNA AVE.
City-State-Zip: CLEARWATER FL 33765

Title CFO, MANAGER
Name HERVEY, MONIQUE F
Address 4035 CARLYLE BLVD
City-State-Zip: PALM HARBOR FL 34685

Title MGR, COO
Name HERVEY, SUZANNE B
Address 306 ANNA AVE.
City-State-Zip: CLEARWATER FL 33765

Title AUTHORIZED MEMBER
Name FACQUES, STEPHEN T
Address 37 TUMBLE ROAD
City-State-Zip: BEDFORD NH 03110

Title AMBR
Name ODETTE, JOHN J
Address 13964 LAKE POINT DR
City-State-Zip: CLEARWATER FL 33762

Title AUTHORIZED MEMBER
Name FACQUES, MICHAEL
Address 4 CANDLEWOOD DR
City-State-Zip: AMHERST NH 03031

Title AUTHORIZED MEMBER
Name BENTON, MICHAEL AUSTIN
Address 8157 123RD ST N
City-State-Zip: SEMINOLE FL 33772

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: DAVID R HERVEY

CEO

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date