

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000155408

**Entity Name:** PALM BEACH TREATMENT CENTER LLC

**Current Principal Place of Business:**

4892 PALM HILL DRIVE  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

4892 PALM HILL DRIVE  
WEST PALM BEACH, FL 33415

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANZ, CARMEN  
4892 PALM HILL DRIVE  
WEST PALM BEACH, FL 33415 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  
Name SANZ, CARMEN  
Address 4892 PALM HILL DRIVE  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** CARMEN SANZ

P

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date