

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