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: LEE STEIN

Electronic Signature of Signing Authorized Person(s) Detail

MGR

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L14000155868

#### Entity Name: TREATMENT SERVICES MANAGEMENT LLC

#### Current Principal Place of Business:

141 NW 20TH STREET SUITE F-6 BOCA RATON, FL 33431

#### **Current Mailing Address:**

141 NW 20TH STREET SUITE F-6 BOCA RATON, FL 33431 US

### FEI Number: 47-3882531

### Name and Address of Current Registered Agent:

JAMES L. WEINTRAUB, P.A. 470 HARDWOOD PLACE BOCA RATON, FL 33431 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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MAHLER, DAVID	Name	STEIN, LEE
Address	141 NW 20TH STREET, SUITE F6	Address	141 NW 20TH STREET, SUITE F6
City-State-Zip:	DELRAY BEACH FL 33431	City-State-Zip:	DELRAY BEACH FL 33431

FILED Apr 30, 2016 Secretary of State CC2386887290

Certificate of Status Desired: No

04/30/2016 Date

Date