

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159438

**Entity Name:** NEXTEP COUNSELING AND CLINICAL SERVICES, LLC

**Current Principal Place of Business:**

6313 CORPORATE CT.  
SUITE 130  
FORT MYERS, FL 33919

**Current Mailing Address:**

6313 CORPORATE CT.  
SUITE 130  
FORT MYERS, FL 33919 US

**FEI Number:** 47-1886563

**Certificate of Status Desired:** No

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

RAAB, ROBERT  
6313 CORPORATE CT.  
SUITE 130  
FORT MYERS, FL 33919 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 AMBR  
Name RAAB, ROBERT  
Address 6314 CORPORATE CT.  
SUITE 110  
City-State-Zip: FORT MYERS FL 33919

*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:** ROBERT RAAB

**MANAGER**

**01/09/2017**

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

\_\_\_\_\_  
Date