

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000187124

Entity Name: MAXIMUM BEHAVIORAL HEALTHCARE, LLC

Current Principal Place of Business:

782 NW 42 AVENUE
SUITE 541
MIAMI, FL 33126

FILED
Apr 30, 2015
Secretary of State
CC0349091468

Current Mailing Address:

782 NW 42 AVENUE
SUITE 541
MIAMI, FL 33126 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIG M. DORNE, PA
3132 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MANAGED CARE INFORMATION CONSULTANTS INSURANCE CONSULTANTS, INC.	Name	DORNE, ALAN
Address	782 NW 42 AVENUE, SUITE 541	Address	782 NW 42 AVENUE SUITE 541
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	MIAMI FL 33126

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: ALAN DORNE

AM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date