

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000067691

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CR3960898018**

**Entity Name:** GOOD FUTURE TREATMENT CENTER, LLC

**Current Principal Place of Business:**

5795 NE VERDE CIRCLE  
BOCA RATON, FL 33487

**Current Mailing Address:**

5795 NE VERDE CIRCLE  
BOCA RATON, FL 33487

**FEI Number:** 47-3763998

**Certificate of Status Desired:** No

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

DESIMONE, MARK  
5795 NE VERDE CIRCLE  
BOCA RATON, FL 33487 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:** MARK DESIMONE

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name REMLAND, DAVID  
Address 5795 NE VERDE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name DESIMONE, MARK  
Address 5795 NE VERDE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name MINTON, ROBERT  
Address 5795 NE VERDE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

Title AMBR  
Name KANDLER, DANIEL  
Address 5795 NE VERDE CIRCLE  
City-State-Zip: BOCA RATON FL 33487

*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:** MARK DESIMONE

**SECRETARY**

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date