

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000111560

Entity Name: ALL STATE COMMUNITY MENTAL HEALTH CENTER, LLC

Current Principal Place of Business:

18503 PINES BLVD
SUITE 308
PEMBROKE PINES, FL 33029

Current Mailing Address:

18503 PINES BLVD
SUITE 308
PEMBROKE PINES, FL 33029 US

FEI Number: 47-4377104

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIGUEROA, YOLANDA
18503 PINES BLVD
SUITE 308
PEMBROKE PINES, FL 33025 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 FIGUEROA, YOLANDA
Address 18503 PINES BLVD, SUITE 308
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR
Name PEREZ, YANELIS
Address 18503 PINES BLVD, SUITE 308
City-State-Zip: PEMBROKE PINES FL 33029

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: YANELIS PEREZ

MGR

02/17/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date