

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000132263

Entity Name: ADDICTION RECOVERY MEDICAL SERVICES LLC

Current Principal Place of Business:

230 SE 23RD AVE.
BOYNTON BEACH, FL 33431

Current Mailing Address:

2061 NW BOCA RATON BLVD
SUITE 106
BOCA RATON, FL 33431 US

FEI Number: 47-4944275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CITRIN, MAX
2061 NW BOCA RATON BLVD
SUITE 106
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

Date

Authorized Person(s) Detail :

Title AMBR
Name CITRIN, MAX
Address 2061 NW BOCA RATON BLVD SUITE
 106
City-State-Zip: BOCA RATON FL 33431

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: MAX CITRIN

MEMBER/MANAGER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date