

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000186837

Entity Name: METAMORPHOSIS PSYCHIATRIC SERVICES LLC

Current Principal Place of Business:

304 INDIAN TRACE
#144
WESTON, FL 33326

Current Mailing Address:

304 INDIAN TRACE
#144
WESTON, FL 33326 US

FEI Number: 47-5507302

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERNANDEZ, SILVIA P
304 INDIAN TRACE
#144
WESTON, FL 33326 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 OTHER
Name FERNANDEZ, SILVIA P
Address 304 INDIAN TRACE #144
City-State-Zip: WESTON FL 33326

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: SILVIA P FERNANDEZ

04/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date