2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 16, 2019
Secretary of State
0464265003CR

DOCUMENT# L16000130848

Entity Name: ABA ALLIANCE THERAPY, LLC

Current Principal Place of Business:

5036 DR. PHILLIPS BLVD.
STE 316
ORLANDO, FL 32819

Current Mailing Address:

5036 DR. PHILLIPS BLVD.
STE 316
ORLANDO, FL 32819 US

FEI Number: 81-3215556

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITRE ACCOUNTING AND TAX SERVICE LLC
15701 STATE ROAD 50
STE 202
CLERMONT, FL 34711 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: AUNDRE SCOTT 03/16/2019

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	EFZIL, HINA	Name	TARANTELLO, COREY S.
Address	258 KILLINGTON WAY	Address	612 CHERRY LAUREL ST
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	MINNEOLA FL 34715

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: COREY TARANTELLO MGR 03/16/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date