

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000168351

Entity Name: FAMILY MENTAL HEALTH SERVICES, LLC

Current Principal Place of Business:

777 NW 72 AVENUE
SUITE 3019
MIAMI, FL 33126

Current Mailing Address:

777 NW 72 AVENUE
SUITE 3019
MIAMI, FL 33126 US

FEI Number: 83-1319490

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTELLON VEGA, JOHANNA
7901 LUDLAM ROAD
SUITE 100
MIAMI, FL 33143 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 SANCHEZ, ALEXANDER
Address 777 NW 72 AVENUE, SUITE 3019
City-State-Zip: MIAMI, FL 33126

Title AMBR
Name GONZALEZ, ROGELIO
Address 777 NW 72 AVENUE, SUITE 3019
City-State-Zip: MIAMI FL 33126

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: SANCHEZ, ALEXANDER

MGR

03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date