

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000002766

Entity Name: CLEARBROOK TREATMENT CENTERS, LLC

Current Principal Place of Business:

890 BETHEL HILL RD
SHICKSHINNY, PA 18655

Current Mailing Address:

939 CLINT MOORE RD
BOCA RATON, FL 33487

FEI Number: 47-2215058

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORIORNE, CRAIG
939 CLINT MOORE RD
BOCA RATON, FL 33487 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 P
Name ODIORNE, CRAIG
Address 939 CLINT MOORE RD
City-State-Zip: BOCA RATON FL 33487

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: CRAIG ODIORNE

CEO

04/18/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date