

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000002766

**Entity Name:** CLEARBROOK TREATMENT CENTERS, LLC

**Current Principal Place of Business:**

6100 TOWER CIRCLE, SUITE 1000  
FRANKLIN, TN 37067

**Current Mailing Address:**

6100 TOWER CIRCLE, SUITE 1000  
FRANKLIN, TN 37067 US

**FEI Number:** 47-2215058

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ORIORNE, CRAIG  
939 CLENT 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 MEMBER  
Name OSTEEN, DEBRA  
Address 6100 TOWER CIRCLE, SUITE 1000  
City-State-Zip: FRANKLIN TN 37067

Title MEMBER  
Name DUCKWORTH, DAVID M.  
Address 6100 TOWER CIRCLE, SUITE 1000  
City-State-Zip: FRANKLIN TN 37067

Title MEMBER  
Name HOWARD, CHRISTOPHER L.  
Address 6100 TOWER CIRCLE, SUITE 1000  
City-State-Zip: FRANKLIN TN 37067

*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:** CHRISTOPHER L. HOWARD

MEMBER

04/10/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date