

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019469

Entity Name: CLN OF SOUTH FLORIDA, IUNC.**Current Principal Place of Business:**2336 CYPRESS LANE
BELLE GLADE, FL 33430**Current Mailing Address:**2336 CYPRESS LANE
BELLE GLADE, FL 33430**FEI Number:** 65-0918034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANE, KEVIN A
2336 CYPRESS LANE
BELLE GLADE, FL 33430 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**Officer/Director Detail :**

Title	P
Name	KANE, KEVIN A
Address	8763 PINION DR
City-State-Zip:	LAKE WORTH FL 33467

Title	VTD
Name	KANE, DAVID P
Address	2336 CYPRESS LANE
City-State-Zip:	BELLE GLADE FL 33430

Title	VP
Name	KANE, DAVID P
Address	2336 CYPRESS LANE
City-State-Zip:	BELLE GLADE FL 33430

Title	CHIEF INFORMATION OFFICER
Name	KANE, DOREEN D
Address	8763 PINOIN DRIVE
City-State-Zip:	LAKE WORTH FL 33467

Title	CHIEF OPERATIONS OFFICER
Name	KANE, MATTHEW A
Address	216 PARK ROAD NORTH
City-State-Zip:	ROYAL PALM BEACH FL 33411

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN A. KANE**PRESIDENT****02/16/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date