

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013168

Entity Name: FORD THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

620 NORTH RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

620 NORTH RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 65-1150827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMAKER, SUSAN F
620 NORTH RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168 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 HAMMAKER, SUSAN F
Address 620 NORTH RIVERSIDE DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title MGR
Name HAMMAKER, SUSAN FMGR
Address 620 NORTH RIVERSIDE DRIVE
City-State-Zip: NEW SMYRNA BEACH FL 32168

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: SUSAN F HAMMAKER

MANAGER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date