

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013168

Entity Name: FORD THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

72 BONEFISH AVE.
KEY LARGO, FL 33037

Current Mailing Address:

PO BOX 370844
KEY LARGO, FL 33037

FEI Number: 65-1150827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMMAKER, SUSAN F
72 BONEFISH AVE
KEY LARGO, FL 33037 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	Title	MGR
Name	HAMMAKER, SUSAN F	Name	HAMMAKER, SUSAN FMGR
Address	P.O.BOX 370844	Address	P O BOX 370844
City-State-Zip:	KEY LARGO FL 33037	City-State-Zip:	KEY LARGO FL 33037

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 FORD HAMMAKER

MANAGER

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date