

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034567

Entity Name: FAMILY MANORS, LLC

Current Principal Place of Business:

3385 SE EVERGREEN AVE.
STUART, FL 34997

Current Mailing Address:

2500 S KANNER HWY.
SUITE 1
STUART, FL 34994

FEI Number: 06-1672214

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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 ARTESIAN WELLNESS & RECOVERY
CENTERS, LLC
Address 2500 S KANNER HWY. - SUITE 1
City-State-Zip: STUART FL 34994

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOAN COLLINS

MANAGER

04/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date