

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115893

Entity Name: LA AMISTAD RESIDENTIAL TREATMENT CENTER, LLC

Current Principal Place of Business:

1650 PARK AVE N.
MAITLAND, FL 32751

Current Mailing Address:

367 S. GULPH ROAD
KING OF PRUSSIA, PA 19406 US

FEI Number: 58-1791069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name UNIVERSAL HEALTH SERVICES, INC.
Address 367 S GULPH RD
City-State-Zip: KING OF PRUSSIA PA 19406

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: GEORGE H. BRUNNER, JR.

**SECRETARY OF SOLE
MEMBER**

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date