

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106795

**Entity Name:** LIFESKILLS SOUTH FLORIDA OUTPATIENT, LLC

**Current Principal Place of Business:**

1431 SW 9TH AVENUE  
DEERFIELD BEACH, FL 33431

**Current Mailing Address:**

1431 SW 9TH AVENUE  
DEERFIELD BEACH, FL 33431

**FEI Number: 45-3536330**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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: MADONNA CUDDIHY, ASST. SECRETARY**

**02/01/2016**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HILINSKI, SCOTT  
Address        1431 SW 9TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33431

Title           MANAGER  
Name           COREY, CHRISTOPHER  
Address        1431 SW 9TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33431

Title           MANAGER  
Name           FARROW, KEITH  
Address        1431 SW 9TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33431

Title           MANAGER  
Name           KARDENETZ, SCOTT  
Address        1431 SW 9TH AVENUE  
City-State-Zip: DEERFIELD BEACH FL 33431

*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: SCOTT KARDENETZ**

**MANAGER**

**02/01/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date