

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000111750

Entity Name: GULF BREEZE TREATMENT CENTER, LLC

Current Principal Place of Business:

350 PENSACOLA BEACH BLVD.
GULF BREEZE, FL 32561

Current Mailing Address:

350 PENSACOLA BEACH BLVD.
GULF BREEZE, FL 32561

FEI Number: 45-3482369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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 GILMER, BARNETT E
Address 4141 MULLET AVENUE
City-State-Zip: MILTON FL 32583

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: BARNETT GILMER

MANAGER

02/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date