

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000088610

**Entity Name:** GREENLIFE INTENSIVE OUTPATIENT PROGRAM, LLC

**Current Principal Place of Business:**

1601 N PALM AVENUE  
SUITE 106  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

1601 N PALM AVENUE  
SUITE 106  
PEMBROKE PINES, FL 33026 US

**FEI Number:** 46-0525989

**Certificate of Status Desired:** Yes

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

GREEN, RANDALL M  
1601 N. PALM AVE. SUITE 106  
PEMBROKE PINES, FL 33026 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 GREEN, RANDALL M  
Address 1601 N. PALM AVE. SUITE 106  
City-State-Zip: PEMBROKE PINES FL 33026

Title AMBR  
Name ITZCHAKI, ZVI A  
Address 1881 SW 105TH AVENUE  
City-State-Zip: DAVIE FL 33324

*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:** ZVI ITZCHAKI

**CFO**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date