

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000138125

**Entity Name:** THERAPEUTIC OASIS OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

851 BROKEN SOUND PKWY NW, #250  
BOCA RATON, FL 33487

**Current Mailing Address:**

851 BROKEN SOUND PKWY NW, #250  
BOCA RATON, FL 33487 US

**FEI Number:** 61-1698332

**Certificate of Status Desired:** No

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

LEWIS, RONALD  
165 E. PALMETTO PARK ROAD  
SUITE 200  
BOCA RATON, FL 33432 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 CAGGIANI, CHRISTIE  
Address 851 BROKEN SOUND PKWY NW  
SUITE 250  
City-State-Zip: BOCA RATON FL 33487

*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:** CHRISTIE CAGGIANI

**MANAGER**

**02/19/2019**

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

\_\_\_\_\_  
Date