

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000110280

Entity Name: ADULT ALTERNATIVE INTENSIVE OUTPATIENT, LLC

Current Principal Place of Business:

1177 GEORGE BUSH BLVD.
SUITE 400
DELRAY BEACH, FL 33483

Current Mailing Address:

1177 GEORGE BUSH BLVD.
SUITE 400
DELRAY BEACH, FL 33483

FEI Number: 37-1737984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRIGAN, PETER A
1177 GEORGE BUSH BLVD.
SUITE 400
DELRAY BEACH, FL 33483 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 PALM HEALTHCARE COMPANY, INC.
Address 1177 GEORGE BUSH BLVD., SUITE
400
City-State-Zip: DELRAY BEACH FL 33483

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: PETER HARRIGAN

RA

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date