

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000121154

Entity Name: EPIC RECOVERY CENTER, LLC

Current Principal Place of Business:

3574 US HWY 1 SOUTH
SUITE 111
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

1400 OLD DIXIE HWY
SUITE A
SAINT AUGUSTINE, FL 32084 US

FEI Number: 59-1502582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENOUGH, PATRICIA
17 ST. JOHNS MEDICAL PARK DRIVE
SAINT AUGUSTINE, FL 32086 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 EPIC COMMUNITY SERVICES, INC.
Address 17 ST. JOHNS MEDICAL PARK DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32086

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: MELISSA WITMEIER

**DIRECTOR OF
OPERATIONS**

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date