

**2017 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  
1400 OLD DIXIE HWY  
SUITE A  
SAINT AUGUSTINE, FL 32084 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 1400 OLD DIXIE HWY  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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:** BRANDON S. COLEE

**OPERATIONS MANAGER** 01/11/2017

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

\_\_\_\_\_  
Date