

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000142015

Entity Name: CENTRO TERAPEUTICO EQUILIBRIUM LLC

Current Principal Place of Business:

932 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Current Mailing Address:

932 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

FEI Number: 46-3816103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERRERA, HUGO F
932 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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 EXECUTIVE DIRECTOR
Name HERRERA, HUGO F
Address 117 NW 42 AVE
1205
City-State-Zip: MIAMI FL 33126

Title CLINICAL DIRECTOR
Name LLANO, LUZ H
Address 932 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134

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: HUGO HERRERA

EXECUTIVE DIRECTOR

12/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date