2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2016
Secretary of State
CC8370797768

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Entity Name: IKARE TREATMENT CENTER LLC

Current Principal Place of Business:

2200 N. FLORIDA MANGO ROAD #301
WEST PALM BEACH, FL 33409

Current Mailing Address:

2200 N. FLORIDA MANGO ROAD #301
WEST PALM BEACH, FL 33409

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GARY, JONATHAN SR.
2200 N. FLORIDA MANGO ROAD #301
WEST PALM BEACH, FL 33409 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	VP	Title	CEOP
Name	GARY, TORRENCE	Name	GARY, JOHNATHAN
Address	2200 N. FLORIDA MANGO ROAD #301	Address	2200 N. FLORIDA MANGO ROAD #301
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409

Title	COOV
Name	GARY, NICHOLE
Address	2200 N. FLORIDA MANGO ROAD #301
City-State-Zip:	WEST PALM BEACH FL 33409

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: NICHOLE GARY COO/VP 07/07/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date