2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000165239

Entity Name: AMETHYST RECOVERY CENTER LLC

FILED Mar 04, 2015 Secretary of State CC1270189643

Current Principal Place of Business: 2000 SE PORT SAINT LUCIE BLVD, SUITE B

PORT SAINT LUCIE, FL 34952

Current Mailing Address:

2000 SE PORT SAINT LUCIE BLVD. SUITE B PORT SAINT LUCIE, FL 34952

FEI Number: 47-2151880 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREACY, JULIE A 2000 SE PORT SAINT LUCIE BLVD. SUITE B PORT SAINT LUCIE, FL 34952 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 AMBR Title MGR

NameGENTILE, ANTHONY JRNameKESARIS, SAMUELAddress201 CHEROKEE TRAILAddress6701 NW 33RD WAY

City-State-Zip: WILMINGTON NC 28409 City-State-Zip: FORT LAUDERDALE FL 33309

Title MGR Title AMBR

NameTREACY, IAN MNameMATERIA, PAUL VINCENTAddress127 SW EAST DANVILLE CIRCLEAddress160 SW MEADE CIRCLE

City-State-Zip: PORT SAINT LUCIE FL 34953 City-State-Zip: PORT SAINT LUCIE FL 34953

Title MGR

Name SPRINGER, PAMELA A Address 2482 NE 15TH LANE

City-State-Zip: JENSEN BEACH FL 34957

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: IAN MICHAEL TREACY

OWNER/MEMBER

03/04/2015