#### 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000010021

Entity Name: ADDICTION REHAB NATIONWIDE LLC

FILED
Jun 11, 2020
Secretary of State
4928254529CC

### **Current Principal Place of Business:**

10000 SANTA MONICA BLVD LOS ANGELES. CA 90067

### **Current Mailing Address:**

3585 NE 207 STREET SUITE C9 801111 MIAMI, FL 33180 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

GRAHAM, MILES 4525 COLLINS AVE MIAMI BEACH, FL 33140 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: MILES GRAHAM 06/11/2020

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MANAGING PARTNER

Name MODISE, FIDEL

Address 10000 SANTA MONICA BLVD City-State-Zip: LOS ANGELES CA 90067

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: FIDEL MODISE

CEO 06/11/2020