

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000123515

Entity Name: SELECTIVE MUTISM THERAPEUTIC CENTER, LLC

Current Principal Place of Business:

421 HILLCREST DR
OVIEDO, FL 32765

Current Mailing Address:

421 HILLCREST DR
OVIEDO, FL 32765 US

FEI Number: 47-4685404

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOVAC, LISA M
421 HILLCREST DR
OVIEDO, FL 32765 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 PRES
Name KOVAC, LISA M
Address 421 HILLCREST DR
City-State-Zip: OVIEDO FL 32765

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: LISA M. KOVAC

PRESIDENT

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date