

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000117684

Entity Name: NAD TREATMENT CENTER LLC

Current Principal Place of Business:

201 TARA RD
CANTONMENT, FL 32533

Current Mailing Address:

9450 SW GEMINI DR
PMB 55647
BEAVERTON, OR 97008-7105 US

FEI Number: 85-0944668

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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	EXECUTIVE ASSISTANT
Name	INGOGLIA, THOMAS P	Name	KAUR, SIMREN
Address	9450 SW GEMINI DR PMB 55647	Address	3098 RUE DORLEANS UNIT 232
City-State-Zip:	BEAVERTON OR 97008-7105	City-State-Zip:	SAN DIEGO CA 92110

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: SIMREN KAUR

EXECUTIVE ASSISTANT

03/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date