# AMENDED ANNUAL REPORT



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## REGISTRY NUMBER

116649492

# **REGISTRATION DATE**

12/21/2015

## **BUSINESS NAME**

CENTRIA HEALTHCARE LLC

# **BUSINESS ACTIVITY**

PRIVATE DUTY NURSING AND APPLIED BEHAVIOR ANALYSIS THERAPY TO CHILDREN AND YOUNG ADULTS.

## MAILING ADDRESS

27777 INKSTER ROAD SUITE 100 FARMINGTON HILLS MI 48334 USA

## TYPE

FOREIGN LIMITED LIABILITY COMPANY

# PRIMARY PLACE OF BUSINESS

27777 INKSTER SUITE 100 FARMINGTON HILLS MI 48334 USA

#### JURISDICTION

MICHIGAN

# **REGISTERED AGENT**

14235790 - INCORP SERVICES, INC.

5305 NORTH RIVER ROAD SUITE B1 KEIZER OR 97303 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

#### MEMBER

CENTRIA SUBSIDIARY HOLDINGS LLC

919 NORTH MARKET STREET SUITE 425 WILMINGTON DE 19801 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

# ELECTRONIC SIGNATURE

#### NAME

**BENJAMIN JENNINGS** 

### TITLE

PAYROLL SYSTEMS MANAGER

#### DATE SIGNED

11-20-2019