2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042113

Entity Name: NOVUS MEDICAL DETOX CENTERS, LLC

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

33 NORTH GARDEN AVE., SUITE 770 9270 ROYAL PALM AVE.

CLEARWATER, FL 33755 NEW PORT RICHEY, FL 34654

Current Mailing Address: New Mailing Address:

33 NORTH GARDEN AVE., SUITE 770 9270 ROYAL PALM AVE.

CLEARWATER, FL 33755 NEW PORT RICHEY, FL 34654

FEI Number: 71-1003223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FESHBACH, KURT N 33 N. GARDEN AVE. #770 CLEARWATER, FL 33755 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

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: HAYES, S L
Address: 2220 IRONWOOD DRIVE
Name: HAYES, S L
Address: 2247 SPRINGRAIN DR.

City-St-Zip: PINE MOUNTAIN CLUB, CA 93222 City-St-Zip: CLEARWATER, FL 33763

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FESHBACH, K
 Name:

 Address:
 33 NORTH GARDEN AVE., SUITE 770
 Address:

 City-St-Zip:
 CLEARWATER, FL 33755
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN L. HAYES MGRM 01/16/2008