2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L06000042113

Entity Name: NOVUS MEDICAL DETOX CENTERS, LLC

Current Principal Place of Business:

9270 ROYAL PALM AVE.
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

9270 ROYAL PALM AVE.
NEW PORT RICHEY, FL 34654

New Mailing Address:

9270 ROYAL PALM AVE.
NEW PORT RICHEY, FL 34654 US

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FESHBACH, KURT N
1230 S. MYRTLE AVE.
SUITE 401
CLEARWATER, FL 33756 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: 01/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HAYES, S L
Address: 2247 SPRINGRAIN DR.
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM ( ) Delete
Name: FESHBACH, K
Address: 33 NORTH GARDEN AVE., SUITE 770
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HAYES, S L
Address: 750 ISLAND WAY #104
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM (X) Change ( ) Addition
Name: FESHBACH, K
Address: 1230 S. MYRTLE AVE., SUITE 401
City-St-Zip: CLEARWATER, FL 33756

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 01/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date