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.

CEO

Electronic Cinecture of Cinetics Authorized Descende) Detail
Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000148865

Entity Name: THE ADDICTION RECOVERY NETWORK LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

1010 HIBISCUS LANE DELRAY BEACH, FL 33444

Current Mailing Address:

1010 HIBISCUS LANE DELRAY BEACH, FL 33444 US

FEI Number: 47-1923538

Name and Address of Current Registered Agent:

PALM LAW PARTNERS 1801 NORTH MILITARY TRAIL STE 120 BOCA RATON, FL 33431 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: CRAIG OBERWEGER

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

SIGNATURE: ADAM WEIL

Title	AMBR
Name	WEIL, ADAM
Address	5499 N FEDERAL HWY SUITE H
City-State-Zip:	BOCA RATON FL 33487

Apr 10, 2017 Secretary of State CC1206470038

FILED

Certificate of Status Desired: No

04/10/2017 Date

04/10/2017 Date