

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003968

**FILED**  
**Mar 17, 2008**  
**Secretary of State**

**Entity Name:** ND NC TREATMENT CENTERS, LLC

**Current Principal Place of Business:**

7801 SW 24 ST  
102  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 562966  
MIAMI, FL 33256 US

**New Mailing Address:**

**FEI Number:** 03-0401695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'HARE, PILAR  
7801 SW 24 ST  
102  
MIAMI, FL 33155 US

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

GRANT & ASSOCIATES  
601 NORTH CONGRESS AVENUE  
425  
DELRAY BEACH, FL 33445 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:** FRED GRANT

03/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** EKT MANAGEMENT GROUP, , INC  
**Address:** 2464 LAKE SAHARA DRIVE # 111  
**City-St-Zip:** LAS VEGAS, NV 89117

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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:** VICTORIA OSSORIO

MGM

03/17/2008

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