

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003968

**FILED**  
**Apr 06, 2011**  
**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:**

2464 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

**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:**

GRANT & ASSOCIATES  
601 NORTH CONGRESS AVENUE  
425  
DELRAY BEACH, FL 33445 US

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

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:**

**Title:** MGRM  
**Name:** OSSORIO, JOSEPH M  
**Address:** 2464 N UNIVERSITY DRIVE  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby 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: JOSEPH M OSSORIO      MGRM      04/06/2011

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